

## DBHDS Licensing and ASAM Level of Care Crosswalk

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| ASAM LOC                       | DBHDS LICENSE  | CARE COMPONENT               | ASAM REQUIREMENTS  | DBHDS REQUIREMENTS   |
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| 2.1<br>Intensive<br>Outpatient | Substance<br>Abuse Intensive<br>Outpatient<br>Service For<br>Adults,<br>Children, and<br>Adolescents | Setting                      | Addiction education and treatment programs offered in any appropriate setting that meets state licensure or certification criteria   | Usually in a clinic or similar facility or in another location. Non-residential setting. 12VAC35-105-260.<br>All locations shall be inspected and approved as required by the appropriate building regulatory entity. Documentation of approval shall be a Certificate of Use and Occupancy indicating the building is classified for its proposed licensed purpose.   |
|                                |  | Service Delivery<br>Examples | <ul style="list-style-type: none"> <li>• After-school, day or evening, and/or weekend intensive outpatient programs</li> </ul>   | <ul style="list-style-type: none"> <li>• This care and treatment may include counseling, rehabilitation, to individuals on an hourly schedule, on an individual, group, or family basis.</li> </ul>  |
|                                |  | Admission Criteria           | <ol style="list-style-type: none"> <li>1. The individual has no signs or symptoms of withdrawal, or withdrawal needs can be safely managed.</li> <li>2. Biomedical problems are stable or are being addressed concurrently and will not interfere with treatment.</li> <li>3. If emotional, behavioral, or cognitive conditions are present, patient must be admitted to either a co-occurring capable or co-occurring enhanced program.</li> <li>4. Patient requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational interventions at another level of care have failed; <b>OR</b> patient's perspective inhibits his or her ability to make behavioral changes without repeated, structured, clinically directed motivational interventions</li> <li>5. Patient is experiencing an intensification of symptoms of the substance-related disorder despite participation in a less intensive level of treatment or there is a high likelihood that the patient will continue to use or relapse to use without close outpatient monitoring and structured therapeutic services</li> </ol> <ul style="list-style-type: none"> <li>• Patient's continued exposure to current school, work, or living environment will render recovery unlikely; <b>OR</b> patient lacks skills, social contacts, has unsupportive social contacts that jeopardize recovery.</li> </ul> | <p>12VAC35-105-580.</p> <ul style="list-style-type: none"> <li>• The provider shall admit only those individuals whose service needs are consistent with the service description, for whom services are available, and for which staffing levels and types meet the needs of the individuals served.</li> <li>• The service description for substance abuse treatment services shall address the timely and appropriate treatment of pregnant women with substance abuse (substance use disorders).</li> </ul> <p>12VAC35-105-645.</p> <ul style="list-style-type: none"> <li>• The provider shall implement policies and procedures for initial contacts and screening, <i>admissions</i>, and referral of individuals to other services and designate staff to perform these activities.</li> <li>• The provider shall maintain written documentation of an individual's initial contact and screening prior to his admission including the:                             <ol style="list-style-type: none"> <li>1. Date of contact;</li> <li>2. Name, age, and gender of the individual;</li> <li>3. Address and telephone number of the individual, if applicable;</li> <li>4. Reason why the individual is requesting services; and</li> <li>5. Disposition of the individual including his referral to other services for further assessment, placement on a waiting list for service, or admission to the service.</li> </ol> </li> <li>• The provider shall assist individuals who are not admitted to identify other appropriate services.</li> <li>• The provider shall retain documentation of the individual's initial contacts and screening for six months. Documentation shall be included in the individual's record if the individual is admitted to the service.</li> </ul> <p>Individuals admitted may have:</p> <ul style="list-style-type: none"> <li>• <b>"Co-occurring disorders"</b> means the presence of more than one and often several of the following disorders that are identified independently of one another and are not simply a cluster of symptoms resulting from a single disorder: mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders); brain injury; or developmental disability.</li> </ul> |

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|  |  |                          |  | <ul style="list-style-type: none"> <li>○ Needing "Co-occurring services" - individually planned therapeutic treatment that addresses in an integrated concurrent manner the service needs of individuals who have co-occurring disorders.</li> <li>• <b>Substance abuse ( substance use disorders)"</b> means the use of drugs enumerated in the Virginia Drug Control Act (§ 54.1-3400 et seq.) without a compelling medical reason or alcohol that (i) results in psychological or physiological dependence or danger to self or others as a function of continued and compulsive use or (ii) results in mental, emotional, or physical impairment that causes socially dysfunctional or socially disordering behavior; and (iii), because of such substance abuse, requires care and treatment for the health of the individual.</li> </ul>   |
|  |  | <p>Admission Process</p> | <ul style="list-style-type: none"> <li>• Patients admitted to this level of care should have been seen in Level 1 services prior to admission; <b>or</b></li> <li>• Direct admission to Level 2 is advisable for the patient based on the biopsychosocial assessment, treatment at a lower level of care is adjudged insufficient to stabilize the patient's condition.             <ul style="list-style-type: none"> <li>○ Stable bio-medical condition <b>and</b> a co-occurring emotional, behavioral, or cognitive condition(s) <b>and</b> problems in at least <b>one</b> of the following areas: Readiness to Change; Relapse, Continued Use or Continued Problem Potential; or Recovery Environment.</li> </ul> </li> <li>• Patient has met treatment objectives at a higher level of care.</li> </ul> | <p>12VAC35-105-650.</p> <ul style="list-style-type: none"> <li>• An assessment shall be initiated prior to or at admission to the service. With the participation of the individual and the individual's authorized representative, if applicable, the provider shall <i>complete an initial assessment detailed enough to determine whether the individual qualifies for admission</i> and to initiate an (Individual Service Plan) ISP for those individuals who are admitted to the service. This assessment shall assess immediate service, health, and safety needs, and at a minimum include the individual's:             <ol style="list-style-type: none"> <li>1. Diagnosis;</li> <li>2. Presenting needs including the individual's stated needs, psychiatric needs, support needs, and the onset and duration of problems;</li> <li>3. Current medical problems;</li> <li>4. Current medications;</li> <li>5. Current and past substance use or abuse, including co-occurring mental health and substance abuse disorders; and</li> <li>6. At-risk behavior to self and others.</li> </ol> </li> </ul> <p>12VAC35-105-645</p> <ul style="list-style-type: none"> <li>• The provider shall develop an initial person-centered ISP for the first 60 days for mental retardation (intellectual disability) and developmental disabilities services or for the first 30 days for mental health and substance abuse services. This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and shall continue in effect until the ISP is developed or the individual is discharged, whichever comes first.</li> </ul> <p>Definitions:</p> <p><b>"Individualized services plan" or "ISP"</b> means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care, which are all considered individualized service plans.</p> <p><b>"Initial assessment"</b> means an assessment conducted prior to or at admission to determine whether the individual meets the service's admission criteria; what the individual's immediate service, health, and safety needs are; and whether the provider has the capability and staffing to provide the needed services.</p> |
|  |  | <p>Staffing</p>          | <ul style="list-style-type: none"> <li>• Based on daily structured program schedule</li> </ul>   | <p>12VAC35-105-590.</p>  |

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|  |  |                          |  | <ul style="list-style-type: none"> <li>The provider shall implement a written staffing plan that includes the types, roles, and numbers of employees and contractors that are required to provide the service. This staffing plan shall reflect the:             <ol style="list-style-type: none"> <li>Needs of the individuals served;</li> <li>Types of services offered;</li> <li>The service description; and</li> <li>Number of people to be served at a given time.</li> </ol> </li> </ul>  |
|  |  | <p>Staff Credentials</p> | <ul style="list-style-type: none"> <li>Credentialed addiction treatment professionals &amp; addiction-credentialed physicians who assess and treat SUDs.</li> <li>A team composed of appropriately trained and credentialed medical, addiction and mental health professionals</li> <li>Generalist physicians may be involved in providing general medical evaluations and concurrent/integrated general medical care during the provision of Level 2 addiction care.</li> </ul> | <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>Supervision of mental health, substance abuse, or co-occurring services that are of an acute or clinical nature such as outpatient, inpatient, intensive in-home, or day treatment shall be provided by a licensed mental health professional or a mental health professional who is license-eligible and registered with a board of the Department of Health Professions.</li> <li>Supervision of mental health, substance abuse, or co-occurring services that are of a supportive or maintenance nature, such as psychosocial rehabilitation, mental health supports shall be provided by a (Qualified Mental Health professional) QMHP.</li> </ul> <p><b>Definitions:</b></p> <p><b>"Licensed mental health professional (LMHP)"</b> means a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, or certified psychiatric clinical nurse specialist.</p> <p><b>"Qualified Mental Health Professional-Adult (QMHP-A)"</b> means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to individuals who have a mental illness; including (i) a doctor of medicine or osteopathy licensed in Virginia; (ii) a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia; (iii) an individual with a master's degree in psychology from an accredited college or university with at least one year of clinical experience; (iv) a social worker: an individual with at least a bachelor's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed equivalent to those described) from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness; (v) a person with at least a bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and who has at least three years of clinical experience; (vi) a Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA); (vii) a registered nurse licensed in Virginia with at least one year of clinical experience; or (viii) any other licensed mental health professional.</p> <p><b>"Qualified Mental Health Professional-Child (QMHP-C)"</b> means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to children who have a mental illness. To qualify as a QMHP-C, the individual must have the designated clinical experience and must either (i) be a doctor of medicine or osteopathy licensed in Virginia; (ii) have a master's degree in psychology from an accredited college or university with at least one year of clinical experience with children and adolescents; (iii) have a social work bachelor's or master's degree from an accredited college or university with at least one year of documented clinical experience with children or adolescents; (iv) be a registered nurse with at least one year of clinical experience with children and adolescents; (v) have at</p> |

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|  |                            |   | least a bachelor's degree in a human services field or in special education from an accredited college with at least one year of clinical experience with children and adolescents, or (vi) be a licensed mental health professional.   |
|  | Physician Coverage         | <ul style="list-style-type: none"> <li>Telephone consultation within 24 hours by telephone and within 72 hours in person.</li> <li>Emergency services available 24/7</li> </ul>   | <p>12VAC35-105-700.</p> <ul style="list-style-type: none"> <li>Providers must establish procedures for immediately accessing appropriate internal and external resources. This shall include a provision for obtaining physician and mental health clinical services if the provider's or service's on-call or back-up physician or mental health clinical services are not available at the time of the emergency.</li> </ul> <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>The provider shall employ or contract with persons with appropriate training, as necessary, to meet the specialized needs of and to ensure the safety of individuals being served in residential services with medical or nursing needs; speech, language, or hearing problems; or other needs where specialized training is necessary.</li> </ul> <p>12VAC35-105-530</p> <ul style="list-style-type: none"> <li>The provider shall develop a written emergency preparedness and response plan for all of its services and locations that describes its approach to emergencies throughout the organization or community.</li> <li>Emergency procedures shall address: Maintaining a 24 hour telephone answering capability to respond to emergencies for individuals receiving services</li> </ul> |
|  | Purpose of Treatment       | Services provide essential addiction education and treatment components while allowing patients to apply skills with "real world" environments.   | Planned individualized interventions intended to reduce or ameliorate mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders) through care, treatment, training, habilitation, or other supports that are delivered by a provider to individuals with mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders).  |
|  | Schedule-Clinical Services | Provides 9-19 hours per week of structured programming  | Treatment provided in a concentrated manner for two or more consecutive hours per day to groups of individuals in a nonresidential setting. This service is provided over a period of time for individuals requiring more intensive services than an outpatient service can provide.  |
|  | Types Clinical Services    | Individual and group counseling, medication management, family therapy, psychoeducational   | Substance abuse intensive outpatient services may but are not limited to include multiple group therapy sessions during the week, individual and family therapy, individual monitoring, and case management.  |
|  | Services                   | <ul style="list-style-type: none"> <li>Biopsychosocial assessment</li> <li>Individualized treatment planning</li> <li>occupational &amp; recreational therapies</li> <li>Motivational interviewing, enhancement, and engagement strategies</li> <li>Random toxicology testing</li> </ul>  | Outpatient services may include diagnosis and evaluation, screening and intake, counseling, psychotherapy, behavior management, psychological testing and assessment, laboratory and other ancillary services, medical services, and medication services.   |
|  | Support Systems            | <ul style="list-style-type: none"> <li>Direct affiliation with, or close coordination through referral to, more and less intensive levels of care and supportive housing.</li> <li>Ability to arrange for needed laboratory and toxicology services.</li> <li>Ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications</li> </ul> | <p>Includes Case Management and Coordination of Services; Includes Family Therapy and Individual monitoring; Completion of ISP</p> <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>The provider shall employ or contract with persons with appropriate training, as necessary, to meet the specialized needs of and to ensure the safety of individuals being served in residential services with medical or nursing needs; speech, language, or hearing problems; or other needs where specialized training is necessary.</li> </ul> <p>12VAC35-105-693.</p>  |

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|  |  |  |  | <ul style="list-style-type: none"> <li>The provider shall make appropriate arrangements or referrals to all service providers identified in the discharge plan prior to the individual's scheduled discharge date.</li> </ul> <p>12VAC35-105-1250.</p> <ul style="list-style-type: none"> <li>Employees or contractors providing case management services shall have knowledge of: Treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning, and service coordination; Identifying and documenting how resources, services, and natural supports such as family can be utilized to promote achievement of an individual's personal habilitative or rehabilitative and life goals</li> </ul> <p>Definition:<br/> <b>"Individualized services plan" or "ISP"</b> means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care, which are all considered individualized service plans.</p> <p>12VAC35-105-645</p> <ul style="list-style-type: none"> <li>The provider shall develop an initial person-centered ISP for the first 60 days for mental retardation (intellectual disability) and developmental disabilities services or for the first 30 days for mental health and substance abuse services. This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and shall continue in effect until the ISP is developed or the individual is discharged, whichever comes first.</li> <li>A comprehensive assessment shall update and finalize the initial assessment. The timing for completion of the comprehensive assessment shall be based upon the nature and scope of the service but shall occur no later than 30 days, after admission for providers of mental health and substance abuse services and 60 days after admission for providers of mental retardation (intellectual disability) and developmental disabilities services. It shall address:             <ol style="list-style-type: none"> <li>Onset and duration of problems;</li> <li>Social, behavioral, developmental, and family history and supports;</li> <li>Cognitive functioning including strengths and weaknesses;</li> <li>Employment, vocational, and educational background;</li> <li>Previous interventions and outcomes;</li> <li>Financial resources and benefits;</li> <li>Health history and current medical care needs</li> <li>Psychiatric and substance use issues including current mental health or substance use needs, presence of co-occurring disorders, history of substance use or abuse, and circumstances that increase the individual's risk for mental health or substance use issues;</li> <li>History of abuse, neglect, sexual, or domestic violence, or trauma including psychological trauma;</li> <li>Legal status including authorized representative, commitment, and representative payee status;</li> <li>Relevant criminal charges or</li> </ol> </li> </ul> |
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| ASAM LOC                              | DBHDS LICENSE  | CARE COMPONENT            | ASAM REQUIREMENTS   | DBHDS REQUIREMENTS  |
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|                                       |  |                           |   | convictions and probation or parole status;<br>12. Daily living skills;<br>13. Housing arrangements; 14. Ability to access services including transportation needs;   |
| 2.5 Partial Hospitalization Treatment | Substance Abuse Partial Hospitalization or Substance Abuse/Mental Health Partial Hospitalization | Setting                   | Addiction education and treatment programs with direct access to psychiatric, medical, and laboratory services offered in any appropriate setting that meets state licensure or certification criteria  | <i>DBHDS Licensing regulations does not specify a specific setting for partial hospitalization programs.</i><br><br>12VAC35-105-260.<br><ul style="list-style-type: none"> <li>All locations shall be inspected and approved as required by the appropriate building regulatory entity. Documentation of approval shall be a Certificate of Use and Occupancy indicating the building is classified for its proposed licensed purpose.</li> </ul>   |
|                                       |  | Service Delivery Examples | Day treatment programs  | Services designed to stabilize and ameliorate acute symptoms, and serve as an alternative to inpatient hospitalization or to reduce the length of a hospital stay.  |
|                                       |  | Admission Criteria        | <ol style="list-style-type: none"> <li>The individual has no signs or symptoms of withdrawal, or withdrawal needs can be safely managed.</li> <li>Biomedical problems are stable or are being addressed concurrently and will not interfere with treatment.</li> <li>If emotional, behavioral, or cognitive conditions are present, patient must be admitted to either a co-occurring capable or co-occurring enhanced program.</li> <li>Patient requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational interventions at another level of care have failed; <b>OR</b> patient's perspective and lack of impulse control inhibit his or her ability to make behavioral changes without repeated, structured, clinically directed motivational interventions.</li> <li>Patient is experiencing an intensification of symptoms of the substance-related disorder despite participation in a less intensive level of treatment; <b>OR</b> there is a high likelihood that the patient will continue to use or relapse to use without close outpatient monitoring and structured therapeutic services</li> <li>Patient's continued exposure to current school, work, or living environment will render recovery unlikely. The patient lacks the resources or skills to maintain adequate functioning; <b>OR</b> Family member and/or significant others who live with the patient are not supportive of his/her recovery goals, or are passively opposed to his/her treatment.</li> </ol> | <p>Individuals with serious mental illness, substance abuse (substance use disorders), or co-occurring disorders at risk of hospitalization or who have been recently discharged from an inpatient setting.</p> <p>12VAC35-105-580.</p> <ul style="list-style-type: none"> <li>The provider shall admit only those individuals whose service needs are consistent with the service description, for whom services are available, and for which staffing levels and types meet the needs of the individuals served.</li> <li>The service description for substance abuse treatment services shall address the timely and appropriate treatment of pregnant women with substance abuse (substance use disorders).</li> </ul> <p>12VAC35-105-645.</p> <ul style="list-style-type: none"> <li>The provider shall implement policies and procedures for initial contacts and screening, <i>admissions</i>, and referral of individuals to other services and designate staff to perform these activities.</li> <li>The provider shall maintain written documentation of an individual's initial contact and screening prior to his admission including the: <ol style="list-style-type: none"> <li>Date of contact;</li> <li>Name, age, and gender of the individual;</li> <li>Address and telephone number of the individual, if applicable;</li> <li>Reason why the individual is requesting services; and</li> <li>Disposition of the individual including his referral to other services for further assessment, placement on a waiting list for service, or admission to the service.</li> </ol> </li> <li>The provider shall assist individuals who are not admitted to identify other appropriate services.</li> <li>The provider shall retain documentation of the individual's initial contacts and screening for six months. Documentation shall be included in the individual's record if the individual is admitted to the service.</li> </ul> <p><b>"Co-occurring disorders"</b> means the presence of more than one and often several of the following disorders that are identified independently of one another and are not simply a cluster of symptoms resulting from a single disorder: mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders); brain injury; or developmental disability.</p> <ul style="list-style-type: none"> <li>o Needing "Co-occurring services" - individually planned therapeutic treatment that addresses in an integrated concurrent manner the</li> </ul> |

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|  |  |                          |  | <p>service needs of individuals who have co-occurring disorders.</p> <p><b>Substance abuse (substance use disorders)"</b> means the use of drugs enumerated in the Virginia Drug Control Act (§ 54.1-3400 et seq.) without a compelling medical reason or alcohol that (i) results in psychological or physiological dependence or danger to self or others as a function of continued and compulsive use or (ii) results in mental, emotional, or physical impairment that causes socially dysfunctional or socially disordering behavior; and (iii), because of such substance abuse, requires care and treatment for the health of the individual.</p>  |
|  |  | <p>Admission Process</p> | <ul style="list-style-type: none"> <li>• Patients admitted to this level of care should have been seen in Level 1 services prior to admission; <b>OR</b></li> <li>• Direct admission to Level 2 is advisable for the patient based on the biopsychosocial assessment, treatment at a lower level of care is adjudged insufficient to stabilize the patient's condition.             <ul style="list-style-type: none"> <li>○ Stable bio-medical condition <b>and</b> a co-occurring emotional, behavioral, or cognitive condition(s) <b>and</b> problems in at least <b>one</b> of the following areas: Readiness to Change; Relapse, Continued Use or Continued Problem Potential; or Recovery Environment.</li> </ul> </li> <li>• Patient has met treatment objectives at a higher level of care.</li> </ul> | <p>12VAC35-105-650.</p> <ul style="list-style-type: none"> <li>• An assessment shall be initiated prior to or at admission to the service. With the participation of the individual and the individual's authorized representative, if applicable, the provider shall <i>complete an initial assessment detailed enough to determine whether the individual qualifies for admission</i> and to initiate an (Individual Service Plan) ISP for those individuals who are admitted to the service. This assessment shall assess immediate service, health, and safety needs, and at a minimum include the individual's:             <ol style="list-style-type: none"> <li>1. Diagnosis;</li> <li>2. Presenting needs including the individual's stated needs, psychiatric needs, support needs, and the onset and duration of problems;</li> <li>3. Current medical problems;</li> <li>4. Current medications;</li> <li>5. Current and past substance use or abuse, including co-occurring mental health and substance abuse disorders; and</li> <li>6. At-risk behavior to self and others.</li> </ol> </li> </ul> <p>12VAC35-105-645</p> <ul style="list-style-type: none"> <li>• The provider shall develop an initial person-centered ISP for the first 60 days for mental retardation (intellectual disability) and developmental disabilities services or for the first 30 days for mental health and substance abuse services. This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and shall continue in effect until the ISP is developed or the individual is discharged, whichever comes first.</li> </ul> <p>Definitions:</p> <p><b>"Individualized services plan" or "ISP"</b> means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care, which are all considered individualized service plans.</p> <p><b>"Initial assessment"</b> means an assessment conducted prior to or at admission to determine whether the individual meets the service's admission criteria; what the individual's immediate service, health, and safety needs are; and whether the provider has the capability and staffing to provide the needed services.</p> |
|  |  | <p>Staffing</p>          | <ul style="list-style-type: none"> <li>• Based on daily structured program schedule</li> </ul>   | <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>• The provider shall implement a written staffing plan that includes the types, roles, and numbers of employees and contractors that are required to provide the service. This staffing plan shall reflect the: 1. Needs of the</li> </ul>  |

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|  |  | Staff Credentials | <ul style="list-style-type: none"> <li>• Credentialed addiction treatment professionals &amp; addiction-credentialed physicians who assess and treat SUDs.</li> <li>• A team composed of appropriately trained and credentialed medical, addiction and mental health professionals</li> <li>• Generalist physicians may be involved in providing general medical evaluations and concurrent/integrated general medical care during the provision of Level 2 addiction care.</li> </ul> | <p>individuals served;<br/>                 2. Types of services offered;<br/>                 3. The service description; and 4. Number of people to be served at a given time.</p> <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>• Supervision of mental health, substance abuse, or co-occurring services that are of an acute or clinical nature such as outpatient, inpatient, intensive in-home, or day treatment shall be provided by a licensed mental health professional or a mental health professional who is license-eligible and registered with a board of the Department of Health Professions.</li> <li>• Supervision of mental health, substance abuse, or co-occurring services that are of a supportive or maintenance nature, such as psychosocial rehabilitation, mental health supports shall be provided by a (Qualified Mental Health professional) QMHP.</li> </ul> <p><b>Definitions:</b></p> <p><b>"Licensed mental health professional (LMHP)"</b> means a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, or certified psychiatric clinical nurse specialist.</p> <p><b>"Qualified Mental Health Professional-Adult (QMHP-A)"</b> means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to individuals who have a mental illness; including (i) a doctor of medicine or osteopathy licensed in Virginia; (ii) a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia; (iii) an individual with a master's degree in psychology from an accredited college or university with at least one year of clinical experience; (iv) a social worker: an individual with at least a bachelor's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed equivalent to those described) from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness; (v) a person with at least a bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and who has at least three years of clinical experience; (vi) a Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA); (vii) a registered nurse licensed in Virginia with at least one year of clinical experience; or (viii) any other licensed mental health professional.</p> <p><b>"Qualified Mental Health Professional-Child (QMHP-C)"</b> means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to children who have a mental illness. To qualify as a QMHP-C, the individual must have the designated clinical experience and must either (i) be a doctor of medicine or osteopathy licensed in Virginia; (ii) have a master's degree in psychology from an accredited college or university with at least one year of clinical experience with children and adolescents; (iii) have a social work bachelor's or master's degree from an accredited college or university with at least one year of documented clinical experience with children or adolescents; (iv) be a registered nurse with at least one year of clinical experience with children and adolescents; (v) have at least a bachelor's degree in a human services field or in special education from an accredited college with at least one year of clinical experience with children and</p> |
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|  |  |                            | adolescents, or (vi) be a licensed mental health professional.   |
|  |  | Physician Coverage         | <ul style="list-style-type: none"> <li>Telephone consultation within 8 hours by telephone and within 48 hours in person.</li> <li>Emergency services available 24/7</li> </ul>   |
|  |  | Purpose of Treatment       | <p>Planned individualized interventions intended to reduce or ameliorate mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders) through care, treatment, training, habilitation, or other supports that are delivered by a provider to individuals with mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders).</p>  |
|  |  | Schedule-Clinical Services | Time-limited active treatment interventions that are more intensive than outpatient services.  |
|  |  | Types Clinical Services    | Services may include but are not limited to multiple group therapy sessions during the week, individual and family therapy, individual monitoring, and case management.  |
|  |  | Services                   | May include diagnosis and evaluation, screening and intake, counseling, psychotherapy, behavior management, psychological testing and assessment, laboratory and other ancillary services, medical services, and medication services.  |
|  |  | Support Systems            | <p>Includes Case Management and Coordination of Services; Can includes Family Therapy and Individual monitoring; Completion of ISP</p> <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>The provider shall employ or contract with persons with appropriate training, as necessary, to meet the specialized needs of and to ensure the safety of individuals being served in residential services with medical or nursing needs; speech, language, or hearing problems; or other needs where specialized training is necessary.</li> </ul> <p>12VAC35-105-693.</p> <ul style="list-style-type: none"> <li>The provider shall make appropriate arrangements or referrals to all service providers identified in the discharge plan prior to the individual's scheduled discharge date.</li> </ul> |

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|  |  |  |  | <p>12VAC35-105-1250.</p> <ul style="list-style-type: none"> <li>Employees or contractors providing case management services shall have knowledge of: Treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning, and service coordination; Identifying and documenting how resources, services, and natural supports such as family can be utilized to promote achievement of an individual's personal habilitative or rehabilitative and life goals</li> </ul> <p>Definition:<br/> <b>"Individualized services plan" or "ISP"</b> means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care, which are all considered individualized service plans.</p> <p>12VAC35-105-645</p> <ul style="list-style-type: none"> <li>The provider shall develop an initial person-centered ISP for the first 60 days for mental retardation (intellectual disability) and developmental disabilities services or for the first 30 days for mental health and substance abuse services. This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and shall continue in effect until the ISP is developed or the individual is discharged, whichever comes first.</li> <li>A comprehensive assessment shall update and finalize the initial assessment. The timing for completion of the comprehensive assessment shall be based upon the nature and scope of the service but shall occur no later than 30 days, after admission for providers of mental health and substance abuse services and 60 days after admission for providers of mental retardation (intellectual disability) and developmental disabilities services. It shall address:             <ol style="list-style-type: none"> <li>Onset and duration of problems;</li> <li>Social, behavioral, developmental, and family history and supports;</li> <li>Cognitive functioning including strengths and weaknesses;</li> <li>Employment, vocational, and educational background;</li> <li>Previous interventions and outcomes;</li> <li>Financial resources and benefits;</li> <li>Health history and current medical care needs</li> <li>Psychiatric and substance use issues including current mental health or substance use needs, presence of co-occurring disorders, history of substance use or abuse, and circumstances that increase the individual's risk for mental health or substance use issues;</li> <li>History of abuse, neglect, sexual, or domestic violence, or trauma including psychological trauma;</li> <li>Legal status including authorized representative, commitment, and representative payee status;</li> <li>Relevant criminal charges or convictions and probation or parole status;</li> <li>Daily living skills;</li> <li>Housing arrangements;</li> <li>Ability to access services including transportation needs;</li> </ol> </li> </ul> |
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| ASAM LOC  | DBHDS LICENSE  | CARE COMPONENT            | ASAM REQUIREMENTS   | DBHDS REQUIREMENTS  |
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| 3.1 Clinically Managed Low Intensity Residential Services | Mental Health & Substance Abuse Group Home Service for Adults or Children; Substance Abuse Halfway House for Adults; | Setting                   | <ul style="list-style-type: none"> <li>Provides 24-hour structure and support</li> <li>Provides a 24-hour supportive living environment</li> </ul>  | <p>A congregate service providing 24-hour supervision in a community-based home having eight or fewer residents.<br/>12VAC35-105-340.</p> <ul style="list-style-type: none"> <li>No more than two individuals shall share a bedroom.</li> </ul> <p>Definition(s):</p> <p><b>"Residential service"</b> means providing 24-hour support in conjunction with care and treatment or a training program in a setting other than a hospital or training center. Residential services include residential treatment, <b>group or community homes</b>, supervised living, residential crisis stabilization, community gero-psychiatric residential, community intermediate care facility-MR, sponsored residential homes, medical and social detoxification, neurobehavioral services, and substance abuse residential treatment for women and children.</p> <p><b>"Group home or community residential service"</b> means a congregate service providing 24-hour supervision in a community-based home having eight or fewer residents. Services include supervision, supports, counseling, and training in activities of daily living for individuals whose individualized services plan identifies the need for the specific types of services available in this setting.</p>  |
|   |  | Service Delivery Examples | <p>Halfway house, group homes or other supportive living environment with 24-hour staff and close integration with clinical services<br/><i>Note: This level does not describe or include sober houses, boarding houses, or group homes where treatment services are not provided.</i></p>  | <p>Services include supervision, supports, counseling, and training in activities of daily living for individuals whose individualized services plan identifies the need for the specific types of services available in this setting.<br/>Residential services provide a range of living arrangements from highly structured and intensively supervised to relatively independent requiring a modest amount of staff support and monitoring.</p>   |
|   |  | Admission Criteria        | <p>Patient meets specifications in <b>each</b> of the six dimensions:</p> <ol style="list-style-type: none"> <li>The individual has no signs or symptoms of withdrawal, or withdrawal needs can be safely managed.</li> <li>Biomedical problems are stable and the individual is capable of self-administering medication; or the condition requires medical monitoring, which can be provided by the program or through an established arrangement with another provider</li> <li>The individual may not have any significant emotional, behavioral, or cognitive conditions and impairment. However, if any is present, the patient must be admitted to a co-occurring capable or co-occurring enhanced program.</li> <li>The individual acknowledges the existence of a substance use problem and is sufficiently ready to change and cooperative enough to respond to treatment at Level 3.1; <b>OR</b> is assessed as appropriately placed at Level 1 or 2 and is receiving Level 3.1 concurrently; <b>OR</b> is assessed as not likely to succeed in an OP setting, therefore, requires a 24-hr structured milieu to promote treatment progress and recovery; <b>OR</b> individual's perspective impairs his or her ability to make behavior changes without a structured environment.</li> <li>The individual demonstrates limited coping skills to address relapse triggers and urges and/or deteriorating mental functioning; and, is in imminent danger of relapse without 24-hour structure; <b>OR</b> individual understands his or her addiction and/or mental disorder, but is at risk of relapse in a less structured level of care; <b>OR</b> individual is at high risk of substance use, addictive behavior or cognitive consequences in</li> </ol> | <p>12VAC35-105-580.</p> <ul style="list-style-type: none"> <li>The provider shall admit only those individuals whose service needs are consistent with the service description, for whom services are available, and for which staffing levels and types meet the needs of the individuals served.</li> <li>The service description for substance abuse treatment services shall address the timely and appropriate treatment of pregnant women with substance abuse (substance use disorders).</li> </ul> <p>12VAC35-105-645.</p> <ul style="list-style-type: none"> <li>The provider shall implement policies and procedures for initial contacts and screening, <i>admissions</i>, and referral of individuals to other services and designate staff to perform these activities.</li> <li>The provider shall maintain written documentation of an individual's initial contact and screening prior to his admission including the:             <ol style="list-style-type: none"> <li>Date of contact;</li> <li>Name, age, and gender of the individual;</li> <li>Address and telephone number of the individual, if applicable;</li> <li>Reason why the individual is requesting services; and</li> <li>Disposition of the individual including his referral to other services for further assessment, placement on a waiting list for service, or admission to the service.</li> </ol> </li> <li>The provider shall assist individuals who are not admitted to identify other appropriate services.</li> <li>The provider shall retain documentation of the individual's initial contacts and screening for six months. Documentation shall be included in the</li> </ul> |

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|  |  |                          | <p>the absence of close 24-hour structured support</p> <p>6. The individual is able to cope, for limited periods of time, outside the 24-hr structure of Level 3.1 in order to pursue clinical, vocational, educational, and community activities; AND has been living in an environment that is characterized by a moderately high risk of initiation or repetition of physical, sexual, or emotional abuse or substance use so endemic that the individual is assessed as being unable to achieve or maintain recovery in an less intensive level of care; <b>OR</b> the individual lacks social contacts or has high-risk social contacts; <b>OR</b> individual's social network involves living in an environment so highly invested in alcohol or other drug use that the individual's recovery goals are assessed as unachievable <b>OR</b> continued exposure to the individual's school, work, or living environment makes recovery unlikely, and individual has insufficient resources and skills to maintain an adequate level of functioning outside of a 24-hr supportive environment; <b>OR</b> the patient is in danger of victimization by another and, thus, requires 24-hr supervision.</p> | <p>individual's record if the individual is admitted to the service.</p> <ul style="list-style-type: none"> <li>• <b>"Co-occurring disorders"</b> means the presence of more than one and often several of the following disorders that are identified independently of one another and are not simply a cluster of symptoms resulting from a single disorder: mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders); brain injury; or developmental disability.             <ul style="list-style-type: none"> <li>○ Needing "Co-occurring services" - individually planned therapeutic treatment that addresses in an integrated concurrent manner the service needs of individuals who have co-occurring disorders.</li> </ul> </li> </ul> <p><b>Substance abuse (substance use disorders)"</b> means the use of drugs enumerated in the Virginia Drug Control Act (§ 54.1-3400 et seq.) without a compelling medical reason or alcohol that (i) results in psychological or physiological dependence or danger to self or others as a function of continued and compulsive use or (ii) results in mental, emotional, or physical impairment that causes socially dysfunctional or socially disordering behavior; and (iii), because of such substance abuse, requires care and treatment for the health of the individual.</p>  |
|  |  | <p>Admission Process</p> | <ul style="list-style-type: none"> <li>• Patients admitted to this level of care should have been seen in Level 1 or 2 services prior to admission for multidimensional assessment and differential diagnosis</li> </ul>   | <p>12VAC35-105-650.</p> <ul style="list-style-type: none"> <li>• An assessment shall be initiated prior to or at admission to the service. With the participation of the individual and the individual's authorized representative, if applicable, the provider shall <i>complete an initial assessment detailed enough to determine whether the individual qualifies for admission</i> and to initiate an (Individual Service Plan) ISP for those individuals who are admitted to the service. This assessment shall assess immediate service, health, and safety needs, and at a minimum include the individual's:             <ol style="list-style-type: none"> <li>1. Diagnosis;</li> <li>2. Presenting needs including the individual's stated needs, psychiatric needs, support needs, and the onset and duration of problems;</li> <li>3. Current medical problems;</li> <li>4. Current medications;</li> <li>5. Current and past substance use or abuse, including co-occurring mental health and substance abuse disorders; and</li> <li>6. At-risk behavior to self and others.</li> </ol> </li> </ul> <p>12VAC35-105-645</p> <ul style="list-style-type: none"> <li>• The provider shall develop an initial person-centered ISP for the first 60 days for mental retardation (intellectual disability) and developmental disabilities services or for the first 30 days for mental health and substance abuse services. This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and shall continue in effect until the ISP is developed or the individual is discharged, whichever comes first.</li> </ul> <p>Definitions:</p> <p><b>"Individualized services plan" or "ISP"</b> means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care, which are all considered</p> |

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|  |                            |  | individualized service plans.<br><br>"Initial assessment" means an assessment conducted prior to or at admission to determine whether the individual meets the service's admission criteria; what the individual's immediate service, health, and safety needs are; and whether the provider has the capability and staffing to provide the needed services.  |
|  | Staffing                   | <ul style="list-style-type: none"> <li>24 hour staff</li> </ul>  | Provides 24-hour supervision of residents   |
|  | Staff Credentials          | <ul style="list-style-type: none"> <li>Allied health professional staff, such as counselor aides or group living workers who are on-site 24/7, or as required by licensing standards</li> <li>Clinical staff who are knowledgeable about the biological and psychosocial dimensions of SUDs and their treatment and who are able to identify the signs and symptoms of acute psychiatric conditions, including psychiatric decompensation</li> <li>A team composed of appropriately trained and credentialed medical, addiction and mental health professionals</li> </ul> | <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>The provider shall implement a written staffing plan that includes the types, roles, and numbers of employees and contractors that are required to provide the service. This staffing plan shall reflect the: 1. Needs of the individuals served; 2. Types of services offered; 3. The service description; and 4. Number of people to be served at a given time.</li> </ul>   |
|  | Physician Coverage         | <ul style="list-style-type: none"> <li>Telephone or in-person consultation with a physician and emergency services available 24/7</li> <li>An addiction physician should review admission decisions to confirm the clinical necessity of services</li> </ul>   | <p>12VAC35-105-700.</p> <ul style="list-style-type: none"> <li>Providers must establish procedures for immediately accessing appropriate internal and external resources. This shall include a provision for obtaining physician and mental health clinical services if the provider's or service's on-call or back-up physician or mental health clinical services are not available at the time of the emergency.</li> </ul> <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>The provider shall employ or contract with persons with appropriate training, as necessary, to meet the specialized needs of and to ensure the safety of individuals being served in residential services with medical or nursing needs; speech, language, or hearing problems; or other needs where specialized training is necessary.</li> </ul> <p>12VAC35-105-530</p> <ul style="list-style-type: none"> <li>The provider shall develop a written emergency preparedness and response plan for all of its services and locations that describes its approach to emergencies throughout the organization or community.</li> <li>Emergency procedures shall address: Maintaining a 24 hour telephone answering capability to respond to emergencies for individuals receiving services</li> </ul> |
|  | Purpose of Treatment       | <ul style="list-style-type: none"> <li>Services facilitate the application of recovery skills, relapse prevention, and emotional coping strategies</li> <li>They promote personal responsibility and reintegration of the individual into the network systems of work, education and family life</li> </ul>  | Planned individualized interventions intended to reduce or ameliorate mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders) through care, treatment, training, habilitation, or other supports that are delivered by a provider to individuals with mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders).  |
|  | Schedule-Clinical Services | <ul style="list-style-type: none"> <li>5 hours of planned, clinical activities of professionally directed treatment per week</li> </ul>  | Not specified in DBHDS Licensure requirements   |
|  | Types Clinical Services    | <ul style="list-style-type: none"> <li>Treatment is characterized by services such as individual, group and family therapy; medication management; and psychoeducation</li> </ul>  | Services include supervision, supports, counseling, and training in activities of daily living for individuals whose individualized services plan identifies the need for the specific types of services available in this setting.   |
|  | Services                   | <ul style="list-style-type: none"> <li>Clinically directed treatment</li> <li>Addiction pharmacotherapy</li> <li>Random drug screening</li> <li>Motivational enhancement and engagement strategies</li> <li>Counseling and clinical monitoring</li> </ul>  | Services include supervision, supports, counseling, and training in activities of daily living for individuals whose individualized services plan identifies the need for the specific types of services available in this setting.   |

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|  |  |                 | <ul style="list-style-type: none"> <li>• Regular monitoring of patient’s medication adherence</li> <li>• Recovery support services</li> <li>• Services for the patient’s family and significant others, as appropriate</li> <li>• Opportunities for the patient to be introduced to the potential benefits of addiction pharmacotherapy as a tool to manage his or her addictive disorder</li> <li>• Self-help meetings are available on-site, or easily accessible in the local community</li> </ul> |  |
|  |  | Support Systems | <ul style="list-style-type: none"> <li>• Direct affiliations with other levels of care, or close coordination through referral to more and less intensive services (such as IOP, vocational, literacy training and adult education)</li> <li>• Ability to arrange for needed procedures, including laboratory and toxicology tests</li> <li>• Ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications</li> </ul>   | <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>• The provider shall employ or contract with persons with appropriate training, as necessary, to meet the specialized needs of and to ensure the safety of individuals being served in residential services with medical or nursing needs; speech, language, or hearing problems; or other needs where specialized training is necessary.</li> </ul> <p>12VAC35-105-693.</p> <ul style="list-style-type: none"> <li>• The provider shall make appropriate arrangements or referrals to all service providers identified in the discharge plan prior to the individual's scheduled discharge date.</li> </ul> <p>12VAC35-105-645</p> <ul style="list-style-type: none"> <li>• The provider shall develop an initial person-centered ISP for the first 60 days for mental retardation (intellectual disability) and developmental disabilities services or for the first 30 days for mental health and substance abuse services. This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and shall continue in effect until the ISP is developed or the individual is discharged, whichever comes first.</li> <li>• A comprehensive assessment shall update and finalize the initial assessment. The timing for completion of the comprehensive assessment shall be based upon the nature and scope of the service but shall occur no later than 30 days, after admission for providers of mental health and substance abuse services and 60 days after admission for providers of mental retardation (intellectual disability) and developmental disabilities services. It shall address:             <ol style="list-style-type: none"> <li>1. Onset and duration of problems;</li> <li>2. Social, behavioral, developmental, and family history and supports;</li> <li>3. Cognitive functioning including strengths and weaknesses;</li> <li>4. Employment, vocational, and educational background;</li> <li>5. Previous interventions and outcomes;</li> <li>6. Financial resources and benefits;</li> <li>7. Health history and current medical care needs</li> <li>8. Psychiatric and substance use issues including current mental health or substance use needs, presence of co-occurring disorders, history of substance use or abuse, and circumstances that increase the individual's risk for mental health or substance use issues;</li> <li>9. History of abuse, neglect, sexual, or domestic violence, or trauma including psychological trauma;</li> <li>10. Legal status including authorized representative, commitment, and representative payee status;</li> <li>11. Relevant criminal charges or convictions and probation or parole status;</li> <li>12. Daily living skills;</li> <li>13. Housing arrangements;</li> <li>14. Ability to access services including transportation needs;</li> </ol> </li> </ul> |

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| ASAM LOC   | DBHDS LICENSE  | CARE COMPONENT            | ASAM REQUIREMENTS  | DBHDS REQUIREMENTS   |
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|  |  |                           |  | <p>Definition:</p> <p><b>"Individualized services plan" or "ISP"</b> means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care, which are all considered individualized service plans.</p>   |
| 3.3 Clinically Managed Population-Specific High Intensity Residential Services for special populations with cognitive disabilities | Supervised Residential Treatment Services for Adults; Substance Abuse Residential Treatment for Adults | Setting                   | <ul style="list-style-type: none"> <li>Provides 24-hour service and supports</li> <li>Freestanding, appropriately licensed facility located within a community setting or a specialty licensed health care facility</li> </ul>   | <p>In a residential setting, other than an inpatient service or private family home; publicly or privately operated facility.</p> <p>Definition(s):</p> <p><b>"Residential service"</b> means providing 24-hour support in conjunction with care and treatment or a training program in a setting other than a hospital or training center. Residential services include residential treatment, group or community homes, supervised living, residential crisis stabilization, community gero-psychiatric residential, community intermediate care facility-MR, sponsored residential homes, medical and social detoxification, neurobehavioral services, and <b>substance abuse residential treatment for women and children.</b></p>   |
|  |  | Service Delivery Examples | <ul style="list-style-type: none"> <li>Therapeutic rehabilitation facility or a traumatic brain injury program</li> </ul>  | <p>Providing an intensive and highly structured mental health, substance abuse, or neurobehavioral service, or services for co-occurring disorders</p> <p>12VAC35-105-580.</p>   |
|  |  | Admission Criteria        | <p>Patient meets specifications in <b>each</b> of the six dimensions:</p> <ol style="list-style-type: none"> <li>The individual has no signs or symptoms of withdrawal, or withdrawal needs can be safely managed.</li> <li>Biomedical problems are stable and the individual is capable of self-administering medication; or the condition requires medical monitoring, which can be provided by the program or through an established arrangement with another provider.</li> <li>If significant emotional, behavioral, or cognitive conditions and impairment are present, the patient must be admitted to a co-occurring capable or co-occurring enhanced program.</li> <li>The intensity and chronicity of the SUD or the patient's cognitive impairment is such that he or she has little awareness of the need for treatment or continuing care; <b>OR</b> despite experiencing consequences of the SUD or mental health problem the patient has marked difficulty understanding the relationship between his or her SUD, addiction, mental health or life problems and impaired coping; <b>OR</b> the patient's continued use poses a danger of harm to self or others, and he or she demonstrates no awareness of the need to address the severity of his or her addiction or recognize the need for treatment; <b>OR</b> the patient's perspective impairs his or her ability to make behavior changes without repeated, structured, clinically motivated interventions developed in a 24-hour milieu.</li> <li>Patient does not recognize relapse triggers and has little awareness of</li> </ol> | <p>12VAC35-105-645.</p> <ul style="list-style-type: none"> <li>The provider shall admit only those individuals whose service needs are consistent with the service description, for whom services are available, and for which staffing levels and types meet the needs of the individuals served.</li> <li>The service description for substance abuse treatment services shall address the timely and appropriate treatment of pregnant women with substance abuse (substance use disorders).</li> </ul> <ul style="list-style-type: none"> <li>The provider shall implement policies and procedures for initial contacts and screening, <i>admissions</i>, and referral of individuals to other services and designate staff to perform these activities.</li> <li>The provider shall maintain written documentation of an individual's initial contact and screening prior to his admission including the:             <ol style="list-style-type: none"> <li>Date of contact;</li> <li>Name, age, and gender of the individual;</li> <li>Address and telephone number of the individual, if applicable;</li> <li>Reason why the individual is requesting services; and</li> <li>Disposition of the individual including his referral to other services for further assessment, placement on a waiting list for service, or admission to the service.</li> </ol> </li> <li>The provider shall assist individuals who are not admitted to identify other appropriate services.</li> </ul> |



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|  |  |                          | <p>the need for continuing care. He or she is in imminent danger of continued substance use or mental health problems without 24-hour monitoring and structure; <b>OR</b> patient is experiencing an intensification of symptoms of his or her substance SUD or mental disorder, and his or her level of functioning is deteriorating despite an amendment to the treatment plan; <b>OR</b> patient’s cognitive impairment has limited his or her ability to identify and cope with relapse triggers and high-risk situations. Patient requires relapse prevention activities that are delivered at a slower pace, more concretely, and more repetitively, in a setting that provides 24-hour structure and support; <b>OR</b> Despite recent, active participation in treatment at a less intensive level of care, the patient continues to use substances or to deteriorate psychiatrically with imminent consequences.</p> <p>6. Patient has been living in an environment that is characterized by a moderately high risk of initiation or repetition of physical, sexual, or emotional abuse or substance use so endemic that the individual is assessed as being unable to achieve or maintain recovery in an less intensive level of care; <b>OR</b> significant danger of victimization and thus requires 24-hour supervision; <b>OR</b> individual's social network involves living in an environment so highly invested in alcohol or other drug use that the individual's recovery goals are assessed as unachievable; <b>OR</b> patient need staff monitoring to assure his or her safety and well-being.</p> | <ul style="list-style-type: none"> <li>• The provider shall retain documentation of the individual's initial contacts and screening for six months. Documentation shall be included in the individual's record if the individual is admitted to the service.</li> <li>• <b>"Co-occurring disorders"</b> means the presence of more than one and often several of the following disorders that are identified independently of one another and are not simply a cluster of symptoms resulting from a single disorder: mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders); brain injury; or developmental disability.             <ul style="list-style-type: none"> <li>○ Needing "Co-occurring services" - individually planned therapeutic treatment that addresses in an integrated concurrent manner the service needs of individuals who have co-occurring disorders.</li> </ul> </li> </ul> <p><b>Substance abuse (substance use disorders)"</b> means the use of drugs enumerated in the Virginia Drug Control Act (§ 54.1-3400 et seq.) without a compelling medical reason or alcohol that (i) results in psychological or physiological dependence or danger to self or others as a function of continued and compulsive use or (ii) results in mental, emotional, or physical impairment that causes socially dysfunctional or socially disordering behavior; and (iii), because of such substance abuse, requires care and treatment for the health of the individual.</p>   |
|  |  | <p>Admission Process</p> | <ul style="list-style-type: none"> <li>• Patients admitted to this level of care meet diagnostic criteria for moderate or severe SUD</li> </ul>   | <p>12VAC35-105-650.</p> <ul style="list-style-type: none"> <li>• An assessment shall be initiated prior to or at admission to the service. With the participation of the individual and the individual's authorized representative, if applicable, the provider shall <i>complete an initial assessment detailed enough to determine whether the individual qualifies for admission</i> and to initiate an (Individual Service Plan) ISP for those individuals who are admitted to the service. This assessment shall assess immediate service, health, and safety needs, and at a minimum include the individual's:             <ol style="list-style-type: none"> <li>1. Diagnosis;</li> <li>2. Presenting needs including the individual's stated needs, psychiatric needs, support needs, and the onset and duration of problems;</li> <li>3. Current medical problems;</li> <li>4. Current medications;</li> <li>5. Current and past substance use or abuse, including co-occurring mental health and substance abuse disorders; and</li> <li>6. At-risk behavior to self and others.</li> </ol> </li> </ul> <p>12VAC35-105-645</p> <ul style="list-style-type: none"> <li>• The provider shall develop an initial person-centered ISP for the first 60 days for mental retardation (intellectual disability) and developmental disabilities services or for the first 30 days for mental health and substance abuse services. This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and shall continue in effect until the ISP is developed or the individual is discharged, whichever comes first.</li> </ul> <p>12VAC-35-105-740</p> <ul style="list-style-type: none"> <li>• A physical examination shall be administered within 24 hours of an individual’s admission. The physical examination shall include, at minimum:             <ul style="list-style-type: none"> <li>○ General physical condition (history and physical);</li> </ul> </li> </ul> |

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|  |                    |  | <ul style="list-style-type: none"> <li>○ Evaluation of communicable diseases;</li> <li>○ Recommendations for further diagnostic tests and treatment, if appropriate;</li> <li>○ Other examinations that may be indicated; and</li> <li>○ The date of examination and signature of a qualified practitioner</li> </ul> <p>Definitions:</p> <p><b>"Individualized services plan" or "ISP"</b> means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care, which are all considered individualized service plans.</p> <p><b>"Initial assessment"</b> means an assessment conducted prior to or at admission to determine whether the individual meets the service's admission criteria; what the individual's immediate service, health, and safety needs are; and whether the provider has the capability and staffing to provide the needed services.</p> |
|  | Staffing           | 24 hour staff  | Provider assumes responsibility for management of the physical environment of the residence, and staff supervision and monitoring are daily and available on a 24-hour basis  |
|  | Staff Credentials  | <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Allied health professional staff, such as counselor aides or group living workers who are on-site 24/7, or as required by licensing standards. One or more clinicians with competence in the treatment of substance use disorders are available on-site or by telephone 24 hours a day.</li> <li>• Clinical staff who are knowledgeable about the biological and psychosocial dimensions of SUDs and their treatment and who are able to identify the signs and symptoms of acute psychiatric conditions, including psychiatric decompensation</li> <li>• A team composed of appropriately trained and credentialed medical, addiction and mental health professionals</li> </ul> | <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>• The provider shall implement a written staffing plan that includes the types, roles, and numbers of employees and contractors that are required to provide the service. This staffing plan shall reflect the: 1. Needs of the individuals served; 2. Types of services offered; 3. The service description; and 4. Number of people to be served at a given time.</li> </ul>   |
|  | Physician Coverage | <ul style="list-style-type: none"> <li>• Telephone or in-person consultation with a physician and emergency services available 24/7</li> </ul>   | <p>12VAC35-105-700.</p> <ul style="list-style-type: none"> <li>• Providers must establish procedures for immediately accessing appropriate internal and external resources. This shall include a provision for obtaining physician and mental health clinical services if the provider's or service's on-call or back-up physician or mental health clinical services are not available at the time of the emergency.</li> </ul> <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>• The provider shall employ or contract with persons with appropriate training, as necessary, to meet the specialized needs of and to ensure the safety of individuals being served in residential services with medical or nursing needs; speech, language, or hearing problems; or other needs where specialized training is necessary.</li> </ul> <p>12VAC35-105-530</p> <ul style="list-style-type: none"> <li>• The provider shall develop a written emergency preparedness and response plan for all of its services and locations that describes its</li> </ul>  |

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|                            |   |  | <ul style="list-style-type: none"> <li>approach to emergencies throughout the organization or community.</li> <li>Emergency procedures shall address: Maintaining a 24 hour telephone answering capability to respond to emergencies for individuals receiving services</li> </ul>   |
| Purpose of Treatment       | Services address the effects of the substance use or a co-occurring disorder that has resulted in cognitive impairment and the impact on the individual's life is so significant, and the resulting level of impairment so great, that outpatient motivational and/or relapse prevention strategies are not feasible or effective.  |  | Planned individualized interventions intended to reduce or ameliorate mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders) through care, treatment, training, habilitation, or other supports that are delivered by a provider to individuals with mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders).   |
| Schedule-Clinical Services | <ul style="list-style-type: none"> <li>Daily</li> <li>Individualized based on the extent of reduced cognitive functioning</li> </ul>  |  | Not Specified in DBHDS Licensing Regulations   |
| Types Clinical Services    | Treatment is characterized by services such as individual, group and family therapy; medical and nursing; physical therapy; medication management; and psychoeducation  |  | Services are provided based on the needs of the individual in areas such as food preparation, housekeeping, medication administration, personal hygiene, treatment, counseling, and budgeting  |
| Services                   | <ul style="list-style-type: none"> <li>Biopsychosocial assessment</li> <li>Individualized treatment planning</li> <li>Clinically directed treatment</li> <li>Addiction pharmacotherapy</li> <li>Random drug screening</li> <li>Art, music or movement therapies</li> <li>Vocational rehabilitation</li> <li>Cognitive and behavioral therapies</li> <li>Counseling and clinical monitoring</li> <li>Regular monitoring of patient's medication adherence</li> <li>Recovery support services</li> <li>Services for the patient's family and significant others, as appropriate</li> <li>Opportunities for the patient to be introduced to the potential benefits of addiction pharmacotherapy as a tool to manage his or her addictive disorder</li> </ul> |  | Services are provided based on the needs of the individual in areas such as food preparation, housekeeping, medication administration, personal hygiene, treatment, counseling, and budgeting.   |
| Support Systems            | <ul style="list-style-type: none"> <li>Direct affiliations with other levels of care, or close coordination through referral to more and less intensive services (such as IOP, vocational, literacy training and adult education)</li> <li>Ability to arrange for needed procedures, including laboratory and toxicology tests</li> <li>Medical, psychiatric, psychological services available through consultation or referral.</li> </ul>   |  | <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>The provider shall employ or contract with persons with appropriate training, as necessary, to meet the specialized needs of and to ensure the safety of individuals being served in residential services with medical or nursing needs; speech, language, or hearing problems; or other needs where specialized training is necessary.</li> </ul> <p>12VAC35-105-693.</p> <ul style="list-style-type: none"> <li>The provider shall make appropriate arrangements or referrals to all service providers identified in the discharge plan prior to the individual's scheduled discharge date.</li> </ul> <p>12VAC35-105-645</p> <ul style="list-style-type: none"> <li>The provider shall develop an initial person-centered ISP for the first 60 days for mental retardation (intellectual disability) and developmental disabilities services or for the first 30 days for mental health and substance abuse services. This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and shall continue in effect until the ISP is developed or the individual is discharged, whichever comes first.</li> </ul> |

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|          |               |                |                   | <ul style="list-style-type: none"> <li>A comprehensive assessment shall update and finalize the initial assessment. The timing for completion of the comprehensive assessment shall be based upon the nature and scope of the service but shall occur no later than 30 days, after admission for providers of mental health and substance abuse services and 60 days after admission for providers of mental retardation (intellectual disability) and developmental disabilities services. It shall address:               <ol style="list-style-type: none"> <li>1. Onset and duration of problems;</li> <li>2. Social, behavioral, developmental, and family history and supports;</li> <li>3. Cognitive functioning including strengths and weaknesses;</li> <li>4. Employment, vocational, and educational background;</li> <li>5. Previous interventions and outcomes;</li> <li>6. Financial resources and benefits;</li> <li>7. Health history and current medical care needs</li> <li>8. Psychiatric and substance use issues including current mental health or substance use needs, presence of co-occurring disorders, history of substance use or abuse, and circumstances that increase the individual's risk for mental health or substance use issues;</li> <li>9. History of abuse, neglect, sexual, or domestic violence, or trauma including psychological trauma;</li> <li>10. Legal status including authorized representative, commitment, and representative payee status;</li> <li>11. Relevant criminal charges or convictions and probation or parole status;</li> <li>12. Daily living skills;</li> <li>13. Housing arrangements;</li> <li>14. Ability to access services including transportation needs;</li> </ol> </li> </ul> <p>Definition:</p> <p><b>"Individualized services plan" or "ISP"</b> means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care, which are all considered individualized service plans.</p> |

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| <p>3.5 Clinically-Managed, Medium/High Intensity Residential Treatment</p> <ul style="list-style-type: none"> <li>Substance Abuse Residential Treatment Services for Adults or Children; or Psychiatric Unit</li> <li>Residential Crisis Stabilization Units</li> </ul> | <p>Setting</p>                   | <ul style="list-style-type: none"> <li>Provides 24-hour service and structured support</li> <li>Freestanding, appropriately licensed facility located within a community setting or a specialty licensed health care facility</li> <li>Prisons or secure community settings for inmates released from prison as a step down</li> </ul>   | <p>In a residential setting, other than an inpatient service or private family home; publicly or privately operated facility.</p> <p>Definition(s):</p> <p><b>"Residential service"</b> means providing 24-hour support in conjunction with care and treatment or a training program in a setting other than a hospital or training center. Residential services include residential treatment, group or community homes, supervised living, residential crisis stabilization, community gero-psychiatric residential, community intermediate care facility-MR, sponsored residential homes, medical and social detoxification, neurobehavioral services, and <b>substance abuse residential treatment for women and children.</b></p> <p><b>"Children's residential facility" or "facility"</b> means a publicly or privately operated facility, other than a private family home, where 24-hour per day care is provided to children separated from their legal guardians and is required to be licensed or certified by the Code of Virginia</p> <p><b>Acute psychiatric hospital</b><br/>         "Special hospital" means institutions as defined by § 32.1-123 of the Code of Virginia that provide care for a specialized group of patients or limit admissions to provide diagnosis and treatment for patients who have specific conditions (e.g., tuberculosis, orthopedic, pediatric, maternity).<br/>         (12VAC5-410-10)</p> <p><b>Psychiatric unit within an acute care general hospital or Acute psychiatric hospital –</b><br/>         An intensive 24-hour medical, nursing, and treatment services provided to individuals with mental illness or substance abuse (substance use disorders) in a hospital as defined in §32.1-123 of the Code of Virginia or in a special unit of such a hospital.<br/>         (12VAC35-105-20)</p> |
|   | <p>Service Delivery Examples</p> | <ul style="list-style-type: none"> <li>Residential treatment center or a therapeutic community</li> </ul>  | <p>Providing an intensive and highly structured mental health, substance abuse, or neurobehavioral service, or services for co-occurring disorders</p> <p>Free standing psychiatric or substance abuse hospital, or an acute care facility with a specialized psychiatric or substance use treatment unit.</p> <p>An intensive 24-hour medical, nursing, and treatment services provided to individuals with mental illness or substance abuse (substance use disorders) in a hospital as defined in §32.1-123 of the Code of Virginia or in a special unit of such a hospital.<br/>         (12VAC35-105-20)</p> <p>In a residential setting, other than an inpatient service or private family home; publicly or privately operated facility.</p>  |
|   | <p>Admission Criteria</p>        | <p>Patient meets specifications in <b>each</b> of the six dimensions:</p> <ol style="list-style-type: none"> <li>The individual has no signs or symptoms of withdrawal, or withdrawal needs can be safely managed; <b>OR</b> current biomedical condition is not severe enough to warrant inpatient treatment, but warrants medical monitoring, which can be provided by the program or through an established arrangement with another provider.</li> <li>Biomedical problems are stable and the individual is capable of self-administering medication; or the condition requires medical</li> </ol> | <p>12VAC35-105-580.</p> <ul style="list-style-type: none"> <li>The provider shall admit only those individuals whose service needs are consistent with the service description, for whom services are available, and for which staffing levels and types meet the needs of the individuals served.</li> <li>The service description for substance abuse treatment services shall address the timely and appropriate treatment of pregnant women with substance abuse (substance use disorders).</li> </ul>   |

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|  |  |  | <p>monitoring, which can be provided by the program or through an established arrangement with another provider.</p> <p>3. If significant emotional, behavioral, or cognitive conditions and impairment are present, the patient must be admitted to a co-occurring capable or co-occurring enhanced program.</p> <p>4. The intensity and chronicity of the SUD or the patient’s mental health problems are such that he or she has limited insight or little awareness of the need for treatment or continuing care; <b>OR</b> despite experiencing consequences of the SUD or mental health problem the patient has marked difficulty understanding the relationship between his or her SUD, addiction, mental health or life problems and impaired coping, or blaming others for his or her addiction problem; <b>OR</b> patient demonstrates passive or active opposition to addressing the severity of his or her mental or addiction problem, or does not recognize the need for treatment; <b>OR</b> patient requires structured therapy and a 24-hours programmatic milieu to promote treatment progress and recovery, because motivation interventions have not succeeded at less intensive levels of care; <b>OR</b> patient’s perspective impairs his or her ability to make behavior changes without repeated, structured, clinically motivated interventions developed in a 24-hour milieu; <b>OR</b> despite recognition of a SUD and understanding the relationship between his or her use, addiction, life problems, the patient expresses little to no interest in changing; <b>OR</b> Patient attributes his or her alcohol, drug, addictive, or mental problem to other persons or external events, rather than to a substance use or addictive or mental disorder.</p> <p>5. The patient requires 24-hour monitoring and structured support. Patient does not recognize relapse triggers and has little awareness of the need for continuing care and is, therefore, not committed to treatment. His or her continued substance use poses an imminent danger of harm to self or others in the absence of 24-hour monitoring and structured support; <b>OR</b> patient’s psychiatric condition is stabilizing; however, patient is unable to control his or her use of alcohol, other drugs, and/or antisocial behaviors. The patient has limited ability to interrupt the relapse process or to use peer supports when at risk for relapse; <b>OR</b> patient is experiencing psychiatric or addiction symptoms, insufficient ability to postpone immediate gratification and other drug-seeking behaviors. Poses an imminent danger of harm to self or others in the absence of 24-hour monitored support; <b>OR</b> patient is in danger of relapse or continued use, with dangerous emotional, behavioral, or cognitive consequences, as a result of a crisis situation; <b>OR</b> Despite recent, active participation in treatment at a less intensive level of care, the patient continue to use alcohol or other drugs, or to deteriorate psychiatrically, with imminent serious consequences; <b>OR</b> patient demonstrates a lifetime history of repeated incarceration with a pattern of relapse to substances and uninterrupted use outside of incarceration, with imminent risk of relapse to addiction or mental health problems and recidivism to criminal behavior. The patient's imminent danger of relapse is accompanied by an uninterrupted cycle of relapse-reoffending-incarceration-release-relapse without the opportunity for treatment.</p> <p>6. Patient has been living in an environment that is characterized by a moderately high risk of initiation or repetition of physical, sexual, or</p> | <p>12VAC35-105-645.</p> <ul style="list-style-type: none"> <li>The provider shall implement policies and procedures for initial contacts and screening, <i>admissions</i>, and referral of individuals to other services and designate staff to perform these activities.</li> <li>The provider shall maintain written documentation of an individual's initial contact and screening prior to his admission including the:             <ol style="list-style-type: none"> <li>Date of contact;</li> <li>Name, age, and gender of the individual;</li> <li>Address and telephone number of the individual, if applicable;</li> <li>Reason why the individual is requesting services; and</li> <li>Disposition of the individual including his referral to other services for further assessment, placement on a waiting list for service, or admission to the service.</li> </ol> </li> <li>The provider shall assist individuals who are not admitted to identify other appropriate services.</li> <li>The provider shall retain documentation of the individual's initial contacts and screening for six months. Documentation shall be included in the individual's record if the individual is admitted to the service.</li> </ul> <p>• <b>"Co-occurring disorders"</b> means the presence of more than one and often several of the following disorders that are identified independently of one another and are not simply a cluster of symptoms resulting from a single disorder: mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders); brain injury; or developmental disability.</p> <ul style="list-style-type: none"> <li>o Needing "Co-occurring services" - individually planned therapeutic treatment that addresses in an integrated concurrent manner the service needs of individuals who have co-occurring disorders.</li> </ul> <p><b>Substance abuse (substance use disorders)"</b> means the use of drugs enumerated in the Virginia Drug Control Act (§ 54.1-3400 et seq.) without a compelling medical reason or alcohol that (i) results in psychological or physiological dependence or danger to self or others as a function of continued and compulsive use or (ii) results in mental, emotional, or physical impairment that causes socially dysfunctional or socially disordering behavior; and (iii), because of such substance abuse, requires care and treatment for the health of the individual.</p> <p>12VAC35-46-640. ( Children’s Residential Regulations)</p> <ul style="list-style-type: none"> <li>The facility shall have written criteria for admission that shall include:             <ol style="list-style-type: none"> <li>A description of the population to be served;</li> <li>A description of the types of services offered;</li> <li>Intake and admission procedures;</li> <li>Exclusion criteria to define those behaviors or problems that the facility does not have the staff with experience or training to manage; and</li> <li>Description of how educational services will be provided to the population being served.</li> </ol> </li> <li>The facility shall accept and serve only those children whose needs are compatible with the services provided through the facility unless a child's admission is ordered by a court of competent jurisdiction.</li> </ul> |
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|  |  |                          | <p>emotional abuse or substance use so endemic that the individual is assessed as being unable to achieve or maintain recovery in an less intensive level of care; <b>OR</b> individual's social network includes regular users of alcohol, tobacco, and/or other drugs, such that the individual's recovery goals are assessed as unachievable; <b>OR</b> patient's social network involves living with an individual who is a regular user, addicted user or dealer of alcohol and/or other drugs, or the living environment is so invested in alcohol and/or other drug use that his or her recovery goals are assessed as unachievable; <b>OR</b> patient is unable to cope, for even limited periods of time, outside of 24-hour care.</p> |   |
|  |  | <p>Admission Process</p> | <ul style="list-style-type: none"> <li>• Patients admitted to this level of care meet diagnostic criteria for moderate or severe SUD</li> <li>• Patients have multiple limitations such as psychological problems, impaired functioning, and demonstrate antisocial behaviors.</li> <li>• Patients have a pattern of relapse-reoffending-incarceration-release-relapse</li> <li>• Patients to this level of care should have been seen in Level 1 or 2 services prior to admission for multidimensional assessment and differential diagnosis</li> </ul>  | <p><b>Psychiatric unit within a general hospital and acute psychiatric hospital</b><br/> An initial individualized services plan (ISP) shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs. (12VAC35-105-660 B)</p> <p>12VAC35-105-650.</p> <ul style="list-style-type: none"> <li>• An assessment shall be initiated prior to or at admission to the service. With the participation of the individual and the individual's authorized representative, if applicable, the provider shall <i>complete an initial assessment detailed enough to determine whether the individual qualifies for admission</i> and to initiate an (Individual Service Plan) ISP for those individuals who are admitted to the service. This assessment shall assess immediate service, health, and safety needs, and at a minimum include the individual's: <ol style="list-style-type: none"> <li>1. Diagnosis;</li> <li>2. Presenting needs including the individual's stated needs, psychiatric needs, support needs, and the onset and duration of problems;</li> <li>3. Current medical problems;</li> <li>4. Current medications;</li> <li>5. Current and past substance use or abuse, including co-occurring mental health and substance abuse disorders; and</li> <li>6. At-risk behavior to self and others.</li> </ol> </li> </ul> <p>12VAC35-105-645</p> <ul style="list-style-type: none"> <li>• The provider shall develop an initial person-centered ISP for the first 60 days for mental retardation (intellectual disability) and developmental disabilities services or for the first 30 days for mental health and substance abuse services. This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and shall continue in effect until the ISP is developed or the individual is discharged, whichever comes first.</li> </ul> <p>(12VAC-35-105-740)</p> <ul style="list-style-type: none"> <li>• A physical examination shall be administered within 24 hours of an individual's admission. The physical examination shall include, at minimum: <ul style="list-style-type: none"> <li>○ General physical condition (history and physical);</li> <li>○ Evaluation of communicable diseases;</li> <li>○ Recommendations for further diagnostic tests and treatment, if appropriate;</li> <li>○ Other examinations that may be indicated; and</li> <li>○ The date of examination and signature of a qualified practitioner</li> </ul> </li> </ul> |

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|  |  |  |  | <p>12VAC35-46-10 (Children Residential Regulations)</p> <ul style="list-style-type: none"> <li>The service provides active treatment or training beginning at admission related to the resident's principle diagnosis and admitting symptoms.</li> </ul> <p>12VAC35-46-630. (Children Residential Regulations)</p> <ul style="list-style-type: none"> <li>Acceptance of children. Children shall be accepted only by court order or by written placement agreement with legal guardians.</li> </ul> <p>12VAC35-46-710. (Children Residential Regulations)</p> <ul style="list-style-type: none"> <li>Admission shall be based on evaluation of an application for admission. The requirements of this section do not apply to court-ordered placements or transfer of a resident between residential facilities located in Virginia and operated by the same sponsor.</li> <li>Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine:             <ol style="list-style-type: none"> <li>The educational needs of the prospective resident;</li> <li>The mental health, emotional, and psychological needs of the prospective resident;</li> <li>The physical health needs, including the immunization needs, of the prospective resident;</li> <li>The protection needs of the prospective resident;</li> <li>The suitability of the prospective resident's admission;</li> <li>The behavior support needs of the prospective resident;</li> <li>Family history and relationships;</li> <li>Social and development history;</li> <li>Current behavioral functioning and social competence;</li> <li>History of previous treatment for mental health, mental retardation, substance abuse, brain injury, and behavior problems; and</li> <li>Medication and drug use profile.</li> </ol> </li> <li>Each facility shall develop and implement written policies and procedures to assess each prospective resident as part of the application process to ensure that:             <ol style="list-style-type: none"> <li>The needs of the prospective resident can be addressed by the facility's services;</li> <li>The facility's staff are trained to meet the prospective resident's needs; and</li> <li>The admission of the prospective resident would not pose any significant risk to (i) the prospective resident or (ii) the facility's residents or staff.</li> </ol> </li> </ul> <p>12VAC35-46-750. ( Children Residential Regulations)</p> <ul style="list-style-type: none"> <li>An individualized service plan shall be developed and placed in the resident's record within 30 days following admission and implemented immediately thereafter.</li> <li>Individualized service plans shall describe in measurable terms the:             <ol style="list-style-type: none"> <li>Strengths and needs of the resident;</li> <li>Resident's current level of functioning;</li> <li>Goals, objectives, and strategies established for the resident;</li> <li>Projected family involvement;</li> <li>Projected date for accomplishing each objective; and</li> <li>Status of the projected discharge plan and estimated length of stay, except that this requirement shall not apply to a facility that discharges only upon receipt of the order of a court of competent jurisdiction.</li> </ol> </li> </ul> |
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|  |  |                   |  | <p>Definitions:</p> <p><b>"Individualized services plan" or "ISP"</b> means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care, which are all considered individualized service plans.</p> <p><b>"Initial assessment"</b> means an assessment conducted prior to or at admission to determine whether the individual meets the service's admission criteria; what the individual's immediate service, health, and safety needs are; and whether the provider has the capability and staffing to provide the needed services.</p>  |
|  |  | Staffing          | 24-hour staff  | Provider assumes responsibility for management of the physical environment of the residence, and staff supervision and monitoring are daily and available on a 24-hour basis   |
|  |  | Staff Credentials | <ul style="list-style-type: none"> <li>Licensed or credentialed clinical staff (addiction counselors, social workers, and licensed professional counselors) who work with the allied health professional staff in an interdisciplinary team approach.</li> <li>Allied health professional staff, such as counselor aides or group living workers who are on-site 24/7, or as required by licensing standards. One or more clinicians with competence in the treatment of substance use disorders are available on-site or by telephone 24 hours a day.</li> <li>Clinical staff who are knowledgeable about the biological and psychosocial dimensions of SUDs and their treatment and who are able to identify the signs and symptoms of acute psychiatric conditions, including psychiatric decompensation</li> </ul> | <p>12 VAC35-105-1080.</p> <ul style="list-style-type: none"> <li>The provider shall document staff training in the areas of:             <ol style="list-style-type: none"> <li>Management of withdrawal; and</li> <li>First responder training.</li> </ol> </li> <li>Untrained employees or contractors shall not be solely responsible for the care of individuals.</li> </ul> <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>The provider shall implement a written staffing plan that includes the types, roles, and numbers of employees and contractors that are required to provide the service. This staffing plan shall reflect the:             <ol style="list-style-type: none"> <li>Needs of the individuals served;</li> <li>Types of services offered;</li> <li>The service description; and</li> <li>Number of people to be served at a given time.</li> </ol> </li> </ul> <p>12VAC35-46-625. (Children's Residential Regulations)</p> <ul style="list-style-type: none"> <li>The provider shall have and implement written policies and procedures that address the provision of:             <ol style="list-style-type: none"> <li>Psychiatric care;</li> <li>Family therapy; and</li> <li>Staffing appropriate to the needs and behaviors of the residents served.</li> </ol> </li> </ul> <p>12VAC35-46-370 ( Children Residential Regulations)</p> <ul style="list-style-type: none"> <li><u>Child care supervisors</u> shall have responsibility for the:             <ol style="list-style-type: none"> <li>Development of the daily living program within each child care unit; and</li> <li>Orientation, training, and supervision of direct care workers.</li> </ol> </li> </ul> <p>12VAC35-46-380. ( Children Residential Regulations)</p> <ul style="list-style-type: none"> <li>The <u>child care worker</u> shall have responsibility for guidance and supervision of the children.</li> </ul> <p>12VAC35-46-390. ( Children Residential Regulations)</p> <ul style="list-style-type: none"> <li><u>Qualified relief staff</u> shall be employed as necessary to meet the needs of the programs and services offered and to maintain a structured program of care</li> </ul> |

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|  |                    |  | <p>12VAC35-46-350. ( Children Residential Regulations)</p> <ul style="list-style-type: none"> <li>• <u>Program Director</u>-The facility's program shall be directed by one or more qualified persons.</li> <li>• Persons directing programs shall be responsible for the development and implementation of the programs and services offered by the facility, including overseeing assessments, service planning, staff scheduling, and supervision.</li> </ul> <p><b>Definitions:</b></p> <p><b>"Licensed mental health professional (LMHP)"</b> means a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, or certified psychiatric clinical nurse specialist.</p> <p><b>"Qualified Mental Health Professional-Adult (QMHP-A)"</b> means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to individuals who have a mental illness; including (i) a doctor of medicine or osteopathy licensed in Virginia; (ii) a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia; (iii) an individual with a master's degree in psychology from an accredited college or university with at least one year of clinical experience; (iv) a social worker: an individual with at least a bachelor's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed equivalent to those described) from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness; (v) a person with at least a bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and who has at least three years of clinical experience; (vi) a Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA); (vii) a registered nurse licensed in Virginia with at least one year of clinical experience; or (viii) any other licensed mental health professional.</p> <p><b>"Qualified Mental Health Professional-Child (QMHP-C)"</b> means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to children who have a mental illness. To qualify as a QMHP-C, the individual must have the designated clinical experience and must either (i) be a doctor of medicine or osteopathy licensed in Virginia; (ii) have a master's degree in psychology from an accredited college or university with at least one year of clinical experience with children and adolescents; (iii) have a social work bachelor's or master's degree from an accredited college or university with at least one year of documented clinical experience with children or adolescents; (iv) be a registered nurse with at least one year of clinical experience with children and adolescents; (v) have at least a bachelor's degree in a human services field or in special education from an accredited college with at least one year of clinical experience with children and adolescents, or (vi) be a licensed mental health professional.</p> |
|  | Physician Coverage | Telephone or in-person consultation with a physician and emergency services available 24/7 | <p>12VAC35-105-700.</p> <ul style="list-style-type: none"> <li>• Providers must establish procedures for immediately accessing appropriate internal and external resources. This shall include a provision for obtaining physician and mental health clinical services if the provider's or service's on-call or back-up physician or mental health clinical services are not available at the time of the emergency.</li> </ul>  |

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|  |  |                            |   | <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>The provider shall employ or contract with persons with appropriate training, as necessary, to meet the specialized needs of and to ensure the safety of individuals being served in residential services with medical or nursing needs; speech, language, or hearing problems; or other needs where specialized training is necessary.</li> </ul> <p>12VAC35-105-530</p> <ul style="list-style-type: none"> <li>The provider shall develop a written emergency preparedness and response plan for all of its services and locations that describes its approach to emergencies throughout the organization or community.</li> <li>Emergency procedures shall address: Maintaining a 24 hour telephone answering capability to respond to emergencies for individuals receiving services</li> </ul> <p>12VAC35-46-820. ( Children Residential Regulations)</p> <ul style="list-style-type: none"> <li>The provider shall develop and implement written policies and procedures for a crisis or clinical emergency that shall include:             <ol style="list-style-type: none"> <li>Procedures for crisis or clinical stabilization, and immediate access to appropriate internal and external resources, including a provision for obtaining physician and mental health clinical services if on-call physician back-up or mental health clinical services are not available; and</li> <li>Employee or contractor responsibilities.</li> </ol> </li> </ul> |
|  |  | Purpose of Treatment       | <ul style="list-style-type: none"> <li>Services are for individuals whose addiction is so out of control that they need a 24-hour supportive treatment environment.</li> <li>The treatment community is a therapeutic agent.</li> </ul> | <p>Services to eliminate or reduce the effects of alcohol or other drugs in the individual's body.</p> <p>Planned individualized interventions intended to reduce or ameliorate mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders) through care, treatment, training, habilitation, or other supports that are delivered by a provider to individuals with mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders).</p> <p>12VAC35-46-10 (Children Residential Regulations)</p> <ul style="list-style-type: none"> <li>Designed to provide necessary support and address mental health, behavioral, substance abuse, cognitive, or training needs of a child or adolescent in order to prevent or minimize the need for more intensive inpatient treatment.</li> </ul>   |
|  |  | Schedule-Clinical Services | Daily   | <p>24-hour support in conjunction with care and treatment or a training program.</p> <p>12VAC35-46-625. ( Children's Residential Regulations)</p> <ul style="list-style-type: none"> <li>The provider shall have and implement written policies and procedures for the on-site provision of a structured program of care or treatment of residents with mental illness, mental retardation, substance abuse, or brain injury. The provision, intensity, and frequency of mental health, mental retardation, substance abuse, or brain injury interventions shall be based on the assessed needs of the resident. B. Each provider shall have formal arrangements for the evaluation, assessment, and treatment of the mental health or brain injury needs of the resident.</li> </ul>   |

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|  |  | <p>Types Clinical Services</p> | <p>Treatment is characterized by services such as individual, group and family therapy using a range of evidence-based practices; medical and nursing; physical therapy; medication management; and psychoeducation</p>   | <p>Intensive and highly structured mental health, substance abuse, or neurobehavioral service, or services for co-occurring disorders in a residential setting, other than an inpatient service.</p> <p>12VAC35-46-625. (Children’s Residential Regulations)</p> <ul style="list-style-type: none"> <li>Interventions, applicable to the population served, shall include, but are not limited to:             <ol style="list-style-type: none"> <li>Individual counseling;</li> <li>Group counseling;</li> <li>Training in decision making, family and interpersonal skills, problem solving, self-care, social, and independent living skills;</li> <li>Training in functional skills;</li> <li>Assistance with activities of daily living (ADL's);</li> <li>Social skills training in therapeutic recreational activities, e.g., anger management, leisure skills education and development, and community integration;</li> <li>Providing positive behavior supports;</li> <li>Physical, occupational, and/or speech therapy;</li> <li>Substance abuse education and counseling; and</li> <li>Neurobehavioral services for individuals with brain injury.</li> </ol> </li> </ul> |
|  |  | <p>Services</p>                | <ul style="list-style-type: none"> <li>Biopsychosocial assessment</li> <li>Individualized treatment planning</li> <li>Clinically directed treatment</li> <li>Addiction pharmacotherapy</li> <li>Random drug screening</li> <li>Motivational enhancement and engagement strategies</li> <li>Occupational or recreational activities</li> <li>Counseling and clinical monitoring</li> <li>Regular monitoring of patient’s medication adherence</li> <li>Planned community reinforcement to foster community living skills</li> <li>Recovery support services</li> <li>Services for the patient’s family and significant others, as appropriate</li> <li>Opportunities for the patient to be introduced to the potential benefits of addiction pharmacotherapy as a tool to manage his or her addictive disorder</li> <li>Self-help meetings are available on-site, or easily accessible in the local community</li> </ul> | <p>Intensive and highly structured mental health, substance abuse, or neurobehavioral service, or services for co-occurring disorders.</p> <p>12VAC35-46-10 (Children Residential Regulations)</p> <ul style="list-style-type: none"> <li>Services include, but shall not be limited to, assessment and evaluation, medical treatment (including medication), individual and group counseling, neurobehavioral services, and family therapy necessary to treat the child.</li> </ul>  |
|  |  | <p>Support Systems</p>         | <ul style="list-style-type: none"> <li>Direct affiliations with other levels of care, or close coordination through referral to more and less intensive services (such as IOP, vocational, literacy training and adult education)</li> <li>Ability to arrange for needed procedures, including laboratory and toxicology tests</li> <li>Medical, psychiatric, psychological services available through consultation or referral.</li> </ul>   | <p>12VAC35-105-693.</p> <ul style="list-style-type: none"> <li>The provider shall make appropriate arrangements or referrals to all service providers identified in the discharge plan prior to the individual's scheduled discharge date.</li> </ul> <p>12VAC35-105-645</p> <ul style="list-style-type: none"> <li>The provider shall develop an initial person-centered ISP for the first 60 days for mental retardation (intellectual disability) and developmental disabilities services or for the first 30 days for mental health and substance abuse services. This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and shall continue in effect until the ISP is developed or the individual is discharged, whichever comes first.</li> <li>A comprehensive assessment shall update and finalize the initial assessment. The timing for completion of the comprehensive assessment shall be based upon the nature and scope of the service but shall occur no later than 30 days, after</li> </ul>   |

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|  |  |  |  | <p>admission for providers of mental health and substance abuse services and 60 days after admission for providers of mental retardation (intellectual disability) and developmental disabilities services. It shall address:</p> <ol style="list-style-type: none"> <li>1. Onset and duration of problems;</li> <li>2. Social, behavioral, developmental, and family history and supports;</li> <li>3. Cognitive functioning including strengths and weaknesses;</li> <li>4. Employment, vocational, and educational background;</li> <li>5. Previous interventions and outcomes;</li> <li>6. Financial resources and benefits;</li> <li>7. Health history and current medical care needs</li> <li>8. Psychiatric and substance use issues including current mental health or substance use needs, presence of co-occurring disorders, history of substance use or abuse, and circumstances that increase the individual's risk for mental health or substance use issues;</li> <li>9. History of abuse, neglect, sexual, or domestic violence, or trauma including psychological trauma;</li> <li>10. Legal status including authorized representative, commitment, and representative payee status;</li> <li>11. Relevant criminal charges or convictions and probation or parole status;</li> <li>12. Daily living skills;</li> <li>13. Housing arrangements;</li> <li>14. Ability to access services including transportation needs;</li> </ol> <p>12VAC35-46-750. ( Children Residential Regulations)<br/>The initial individualized service plan shall be reviewed within 60 days of the initial plan and within each 90-day period thereafter and revised as necessary.</p> <p>12VAC35-46-360.<br/>Case managers shall have the responsibility for coordination of all services offered to each resident.</p> <p>Definition:</p> <p><b>"Individualized services plan" or "ISP"</b> means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care, which are all considered individualized service plans.</p> |
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| ASAM LOC  | DBHDS LICENSE  | CARE COMPONENT                   | ASAM REQUIREMENTS  | DBHDS REQUIREMENTS  |
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| <p>3.7 Medically Monitored Intensive Inpatient Services</p> | <ul style="list-style-type: none"> <li>Psychiatric Unit within an acute care general hospital – with a detox license</li> <li>Acute/freestanding psychiatric hospital –with a Medical Detox license; Substance Abuse Residential Treatment Services for Adults or Children with a detox license;</li> <li>Residential Crisis Stabilization Units with a detox license</li> </ul> | <p>Setting</p>                   | <p>24 hour professionally-directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting.</p>   | <p><b>Psychiatric Unit within an acute care general hospital</b><br/>                     "Special care unit" means an appropriately equipped area of the hospital where there is a concentration of physicians, nurses, and others who have special skills and experience to provide optimal medical care for patients assigned to the unit. (12VAC5-410-10)</p> <p><b>Acute psychiatric hospital</b><br/>                     "Special hospital" means institutions as defined by § 32.1-123 of the Code of Virginia that provide care for a specialized group of patients or limit admissions to provide diagnosis and treatment for patients who have specific conditions (e.g., tuberculosis, orthopedic, pediatric, maternity). (12VAC5-410-10)</p> <p><b>Psychiatric unit within an acute care general hospital or Acute psychiatric hospital –</b><br/>                     An intensive 24-hour medical, nursing, and treatment services provided to individuals with mental illness or substance abuse (substance use disorders) in a hospital as defined in §32.1-123 of the Code of Virginia or in a special unit of such a hospital. (12VAC35-105-20)</p> <p><b>"Medical detoxification"</b> means a service provided in a hospital or other 24-hour care facility under the supervision of medical personnel using medication to systematically eliminate or reduce effects of alcohol or other drugs in the individual's body.</p> <p><b>"Residential service"</b> means providing 24-hour support in conjunction with care and treatment or a training program in a setting other than a hospital or training center. Residential services include residential treatment, group or community homes, supervised living, residential crisis stabilization, community gero-psychiatric residential, community intermediate care facility-MR, sponsored residential homes, medical and social detoxification, neurobehavioral services, and <b>substance abuse residential treatment for women and children.</b></p> <p><b>"Children's residential facility" or "facility"</b> means a publicly or privately operated facility, other than a private family home, where 24-hour per day care is provided to children separated from their legal guardians and is required to be licensed or certified by the Code of Virginia</p> |
|   |  | <p>Service Delivery Examples</p> | <p>Freestanding, appropriately licensed facility located within a the context of an acute care hospital or acute psychiatric unit of a freestanding Level 3.5 residential facility</p>   | <p>Free standing psychiatric or substance abuse hospital, or an acute care facility with a specialized psychiatric or substance use treatment unit.</p> <p>An intensive 24-hour medical, nursing, and treatment services provided to individuals with mental illness or substance abuse (substance use disorders) in a hospital as defined in §32.1-123 of the Code of Virginia or in a special unit of such a hospital. (12VAC35-105-20)</p> <p>In a residential setting, other than an inpatient service or private family home; publicly or privately operated facility.</p>   |
|   |  | <p>Admission Criteria</p>        | <p>Patient meets specifications in at least <b>two</b> of the six dimensions, at least <b>one</b> of which is in Dimension 1, 2, or 3:</p> <ol style="list-style-type: none"> <li>Patient needs withdrawal management protocol</li> <li>Interaction of the patient's biomedical condition and</li> </ol> | <p>12VAC35-105-580.</p> <ul style="list-style-type: none"> <li>The provider shall admit only those individuals whose service needs are consistent with the service description, for whom services are available, and for which staffing levels and types meet the needs of the individuals served.</li> </ul>   |

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|  |  |                   | <p>continued alcohol and/or other drug use places the patient at significant risk of serious damage to physical health or concomitant biomedical conditions; <b>OR</b> a current biomedical condition requires 24-hour nursing and medical monitoring or active treatment, but not the full resources of an acute care hospital.</p> <p>3. If significant emotional, behavioral, or cognitive conditions and impairment are present, the patient must be admitted to a co-occurring capable or co-occurring enhanced program.</p> <p>4. Despite experiencing serious consequences or effects of the addictive disorder and/or behavioral health problem, the patient does not accept or relate the addictive disorder to the severity of the presenting problem; <b>OR</b> patient is in need of intensive motivating strategies, activities, and processed available only in a 24-hour structured, medically monitored setting; <b>OR</b> ongoing 24-hour psychiatric monitoring to assure follow through with the treatment regimen, and to deal with issues such as ambivalence about adherence to psychiatric medications and a recovery program.</p> <p>5. Patient is experiencing an acute psychiatric or substance use crisis, marked by intensification of symptoms of his or her addictive or mental disorder, which poses a serious risk of harm to self or others in the absence of 24-hour monitoring and structured support; <b>OR</b> patient is experiencing an escalation of relapse behaviors and/or reemergence of acute symptoms, which places the patient at serious risk to self or others in the absence of the type of 24-hour monitoring and structured support found in a medically monitored setting; <b>OR</b> the intensity or modality of treatment protocols to address relapse require that the patient receive Level 3.7 program, to safely and effectively initiate antagonist therapy, or agonist therapy.</p> <p>6. Patient requires continuous medical monitoring while addressing his or her substance use and/or psychiatric symptoms because his or her current living situation is characterized by a high risk or initiation or repetition or physical, sexual, or emotional abuse, or active substance abuse, such that the patient is assessed as being unable to achieve or maintain recovery at a less intensive level of care; <b>OR</b> family members or significant others living with the patient are not supportive of his or her recovery goals and are actively sabotaging treatment, or their behavior jeopardizes recovery efforts; <b>OR</b> patient is unable to cope, for even limited periods of time, outside of 24-hour care.</p> | <ul style="list-style-type: none"> <li>The service description for substance abuse treatment services shall address the timely and appropriate treatment of pregnant women with substance abuse (substance use disorders).</li> </ul> <p>12VAC35-105-645.</p> <ul style="list-style-type: none"> <li>The provider shall implement policies and procedures for initial contacts and screening, <i>admissions</i>, and referral of individuals to other services and designate staff to perform these activities.</li> <li>The provider shall maintain written documentation of an individual's initial contact and screening prior to his admission including the:             <ol style="list-style-type: none"> <li>Date of contact;</li> <li>Name, age, and gender of the individual;</li> <li>Address and telephone number of the individual, if applicable;</li> <li>Reason why the individual is requesting services; and</li> <li>Disposition of the individual including his referral to other services for further assessment, placement on a waiting list for service, or admission to the service.</li> </ol> </li> <li>The provider shall assist individuals who are not admitted to identify other appropriate services.</li> <li>The provider shall retain documentation of the individual's initial contacts and screening for six months. Documentation shall be included in the individual's record if the individual is admitted to the service.</li> </ul> <p>12VAC35-46-640. ( Children's Residential Regulations)</p> <ul style="list-style-type: none"> <li>The facility shall have written criteria for admission that shall include:             <ol style="list-style-type: none"> <li>A description of the population to be served;</li> <li>A description of the types of services offered;</li> <li>Intake and admission procedures;</li> <li>Exclusion criteria to define those behaviors or problems that the facility does not have the staff with experience or training to manage; and</li> <li>Description of how educational services will be provided to the population being served.</li> </ol> </li> <li>The facility shall accept and serve only those children whose needs are compatible with the services provided through the facility unless a child's admission is ordered by a court of competent jurisdiction.</li> </ul> <ul style="list-style-type: none"> <li><b>"Co-occurring disorders"</b> means the presence of more than one and often several of the following disorders that are identified independently of one another and are not simply a cluster of symptoms resulting from a single disorder: mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders); brain injury; or developmental disability.             <ul style="list-style-type: none"> <li>o Needing "Co-occurring services" - individually planned therapeutic treatment that addresses in an integrated concurrent manner the service needs of individuals who have co-occurring disorders.</li> </ul> </li> </ul> <p><b>Substance abuse (substance use disorders)"</b> means the use of drugs enumerated in the Virginia Drug Control Act (§ 54.1-3400 et seq.) without a compelling medical reason or alcohol that (i) results in psychological or physiological dependence or danger to self or others as a function of continued and compulsive use or (ii) results in mental, emotional, or physical impairment that causes socially dysfunctional or socially disordering behavior; and (iii), because of such substance abuse, requires care and treatment for the health of the individual.</p> |
|  |  | Admission Process | <ul style="list-style-type: none"> <li>Patients admitted to this level of care meet diagnostic</li> </ul>  | Psychiatric unit within a general hospital and acute psychiatric hospital  |

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|  |  |  | <p>criteria for moderate or severe SUD</p> <ul style="list-style-type: none"> <li>Patients have functional limitations in one of the following areas: acute intoxication and/or withdrawal potential, biomedical conditions and complications; or emotional, behavioral, or cognitive conditions and complications <b>AND</b> functional limitations in at least one other dimension.</li> </ul> | <p>An initial individualized services plan (ISP) shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs. (12VAC35-105-660 B)</p> <p>A physical examination shall be administered within 24 hours of an individual's admission. The physical examination shall include, at minimum:</p> <ul style="list-style-type: none"> <li>General physical condition (history and physical);</li> <li>Evaluation of communicable diseases;</li> <li>Recommendations for further diagnostic tests and treatment, if appropriate;</li> <li>Other examinations that may be indicated; and</li> <li>The date of examination and signature of a qualified practitioner</li> </ul> <p>(12VAC-35-105-740)</p> <p>In addition, for individuals treated for managed withdrawal, providers shall:</p> <ul style="list-style-type: none"> <li>Identify individuals with a high-risk for medical complications or who may pose a danger to themselves or others;</li> <li>Assess substances used an time of last use;</li> <li>Determine time of last meal;</li> <li>Administer a urine screen;</li> <li>Analyze blood alcohol content or administer a breathalyzer; and</li> <li>Record vital signs</li> </ul> <p>(12VAC35-105-1110)</p> <p>Unless the individual refuses, the provider shall take vital signs;</p> <ul style="list-style-type: none"> <li>At admission and discharge;</li> <li>Every four hours for the first 24 hours and every with hours thereafter; and</li> <li>As frequently as necessary, until signs and symptoms stabilize for individuals with a high-profile.</li> </ul> <p>(12VAC35-105-1120)</p> <p>12VAC35-105-645 E.<br/>An assessment shall be initiated prior to or at admission to the services. An initial assessment shall determine whether the individual qualifies for admission and at minimum shall include the individual's:</p> <ul style="list-style-type: none"> <li>Diagnosis;</li> <li>Presenting needs;</li> <li>Current medical problems;</li> <li>Current medications;</li> </ul> <p>Current and past substance use or abuse, including co-occurring mental health and substance abuse disorders; and</p> <ul style="list-style-type: none"> <li>At risk behaviors to self and others.</li> </ul> <p>12VAC35-105-650.<br/>An assessment shall be initiated prior to or at admission to the service. With the participation of the individual and the individual's authorized representative, if applicable, the provider shall <i>complete an initial assessment detailed enough to determine whether the individual qualifies for admission</i> and to initiate an (Individual Service Plan) ISP for those individuals who are admitted to the service. This assessment shall assess immediate service, health, and safety needs, and at a minimum include the individual's:</p> <ol style="list-style-type: none"> <li>Diagnosis;</li> <li>Presenting needs including the individual's stated needs, psychiatric needs, support needs, and the onset and duration of problems;</li> </ol> |
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|  |  |  |  | <p>3. Current medical problems;<br/> 4. Current medications;<br/> 5. Current and past substance use or abuse, including co-occurring mental health and substance abuse disorders; and<br/> 6. At-risk behavior to self and others.</p> <p>12VAC35-46-10 (Children Residential Regulations)<br/> The service provides active treatment or training beginning at admission related to the resident's principle diagnosis and admitting symptoms.</p> <p>12VAC35-46-630. (Children Residential Regulations)</p> <ul style="list-style-type: none"> <li>• Acceptance of children. Children shall be accepted only by court order or by written placement agreement with legal guardians.</li> <li>•</li> </ul> <p>12VAC35-46-710. (Children Residential Regulations)</p> <ul style="list-style-type: none"> <li>• Admission shall be based on evaluation of an application for admission. The requirements of this section do not apply to court-ordered placements or transfer of a resident between residential facilities located in Virginia and operated by the same sponsor.</li> <li>• Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: <ol style="list-style-type: none"> <li>1. The educational needs of the prospective resident;</li> <li>2. The mental health, emotional, and psychological needs of the prospective resident;</li> <li>3. The physical health needs, including the immunization needs, of the prospective resident;</li> <li>4. The protection needs of the prospective resident;</li> <li>5. The suitability of the prospective resident's admission;</li> <li>6. The behavior support needs of the prospective resident;</li> <li>7. Family history and relationships;</li> <li>8. Social and development history;</li> <li>9. Current behavioral functioning and social competence;</li> <li>10. History of previous treatment for mental health, mental retardation, substance abuse, brain injury, and behavior problems; and</li> <li>11. Medication and drug use profile.</li> </ol> </li> <li>• Each facility shall develop and implement written policies and procedures to assess each prospective resident as part of the application process to ensure that: <ol style="list-style-type: none"> <li>1. The needs of the prospective resident can be addressed by the facility's services;</li> <li>2. The facility's staff are trained to meet the prospective resident's needs; and</li> <li>3. The admission of the prospective resident would not pose any significant risk to (i) the prospective resident or (ii) the facility's residents or staff.</li> </ol> </li> </ul> <p>12VAC35-46-750. ( Children Residential Regulations)</p> <ul style="list-style-type: none"> <li>• An individualized service plan shall be developed and placed in the resident's record within 30 days following admission and implemented immediately thereafter.</li> <li>• Individualized service plans shall describe in measurable terms the: <ol style="list-style-type: none"> <li>1. Strengths and needs of the resident;</li> <li>2. Resident's current level of functioning;</li> <li>3. Goals, objectives, and strategies established for the resident;</li> </ol> </li> </ul> |
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|  |                   |  | <p>4. Projected family involvement;</p> <p>5. Projected date for accomplishing each objective; and</p> <p>6. Status of the projected discharge plan and estimated length of stay, except that this requirement shall not apply to a facility that discharges only upon receipt of the order of a court of competent jurisdiction.</p> <p>Definitions:</p> <p><b>"Individualized services plan" or "ISP"</b> means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care, which are all considered individualized service plans.</p> <p><b>"Initial assessment"</b> means an assessment conducted prior to or at admission to determine whether the individual meets the service's admission criteria; what the individual's immediate service, health, and safety needs are; and whether the provider has the capability and staffing to provide the needed services.</p>   |
|  | Staffing          | 24-hour  | 24-hour care facility under the supervision of medical personnel using medication to systematically eliminate or reduce effects of alcohol or other drugs in the individual's body.   |
|  | Staff Credentials | <ul style="list-style-type: none"> <li>An interdisciplinary staff (including physicians, nurses, addiction counselors, and behavioral health specialists), who are able to assess and treat the patient and to obtain and interpret information regarding the patient's psychiatric and substance use disorder.</li> <li>Clinical staff who are knowledgeable about the biological and psychosocial dimensions of addiction and other behavioral health disorders, and with specialized training in behavior management techniques and evidence-based practices.</li> <li>A licensed physician to oversee the treatment process and assure the quality of care. Physicians perform physical examinations for all patients admitted to this level of care.</li> </ul> | <p>As above and the psychiatric service shall be under the supervision of a physician, licensed by the Board of Medicine, who meets the qualifications of the medical staff bylaws.</p> <p>Medical, nursing, and treatment services<br/>(12VAC35-105-20)</p> <p>The provider shall implement a written staffing plan that includes the types, roles, and numbers of employees and contractors that are required to provide the service. This staffing plan shall reflect the:</p> <ul style="list-style-type: none"> <li>Needs of the individuals served;</li> <li>Types of services offered;</li> <li>The service description; and</li> <li>Number of people to be served at a given time.</li> </ul> <p>(12VAC35-105-590 A)</p> <p>Supervision of staff shall be provided by a licensed mental health professional or mental health professional who is license-eligible and registered with a board of the Department of Health Professions.<br/>(12VAC35-105-590 C.5)</p> <p>12VAC35-46-625. (Children's Residential Regulations)</p> <ul style="list-style-type: none"> <li>The provider shall have and implement written policies and procedures that address the provision of:</li> </ul> <ol style="list-style-type: none"> <li>Psychiatric care;</li> <li>Family therapy; and</li> <li>Staffing appropriate to the needs and behaviors of the residents served.</li> </ol> |

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|  |  |  | <p>12VAC35-46-370 ( Children Residential Regulations)<br/> <u>Child care supervisors</u> shall have responsibility for the:</p> <ol style="list-style-type: none"> <li>1. Development of the daily living program within each child care unit; and</li> <li>2. Orientation, training, and supervision of direct care workers.</li> </ol> <p>12VAC35-46-380. ( Children Residential Regulations)<br/> The <u>child care worker</u> shall have responsibility for guidance and supervision of the children.</p> <p>12VAC35-46-390. ( Children Residential Regulations)</p> <ul style="list-style-type: none"> <li>• <u>Qualified relief staff</u> shall be employed as necessary to meet the needs of the programs and services offered and to maintain a structured program of care</li> </ul> <p>12VAC35-46-350. ( Children Residential Regulations)</p> <ul style="list-style-type: none"> <li>• <u>Program Director</u>-The facility's program shall be directed by one or more qualified persons.</li> <li>• Persons directing programs shall be responsible for the development and implementation of the programs and services offered by the facility, including overseeing assessments, service planning, staff scheduling, and supervision.</li> </ul> <p><b>Definitions:</b></p> <p><b>"Licensed mental health professional (LMHP)"</b> means a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, or certified psychiatric clinical nurse specialist.</p> <p><b>"Qualified Mental Health Professional-Adult (QMHP-A)"</b> means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to individuals who have a mental illness; including (i) a doctor of medicine or osteopathy licensed in Virginia; (ii) a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia; (iii) an individual with a master's degree in psychology from an accredited college or university with at least one year of clinical experience; (iv) a social worker: an individual with at least a bachelor's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed equivalent to those described) from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness; (v) a person with at least a bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and who has at least three years of clinical experience; (vi) a Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA); (vii) a registered nurse licensed in Virginia with at least one year of clinical experience; or (viii) any other licensed mental health professional.</p> <p><b>"Qualified Mental Health Professional-Child (QMHP-C)"</b> means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to children who have a mental illness. To qualify as a QMHP-C, the individual must have the designated clinical experience and must either (i) be a doctor of medicine or osteopathy licensed in Virginia; (ii) have a master's degree in psychology from an accredited college or university with at least one year of clinical experience with children and adolescents; (iii) have a social work bachelor's or</p> |
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|  |                      |   | <p>master's degree from an accredited college or university with at least one year of documented clinical experience with children or adolescents; (iv) be a registered nurse with at least one year of clinical experience with children and adolescents; (v) have at least a bachelor's degree in a human services field or in special education from an accredited college with at least one year of clinical experience with children and adolescents, or (vi) be a licensed mental health professional.</p>  |
|  | Physician Coverage   | In-person assessment within 24-hours of admission and thereafter as medically necessary.  | <p>12VAC35-105-700.</p> <ul style="list-style-type: none"> <li>Providers must establish procedures for immediately accessing appropriate internal and external resources. This shall include a provision for obtaining physician and mental health clinical services if the provider's or service's on-call or back-up physician or mental health clinical services are not available at the time of the emergency.</li> </ul> <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>The provider shall employ or contract with persons with appropriate training, as necessary, to meet the specialized needs of and to ensure the safety of individuals being served in residential services with medical or nursing needs; speech, language, or hearing problems; or other needs where specialized training is necessary.</li> </ul> <p>12VAC35-105-530</p> <ul style="list-style-type: none"> <li>The provider shall develop a written emergency preparedness and response plan for all of its services and locations that describes its approach to emergencies throughout the organization or community.</li> <li>Emergency procedures shall address: Maintaining a 24 hour telephone answering capability to respond to emergencies for individuals receiving services</li> </ul> <p>12 VAC35-105-1090. In detoxification service locations, at least two employees or contractors shall be on duty at all times. If the location is within or contiguous to another service location, at least one employee or contractor shall be on duty at the location with trained backup employees or contractors immediately available. In other managed withdrawal settings the number of staff on duty shall be appropriate for the services offered and individuals served.</p> <p>12VAC35-46-820. ( Children Residential Regulations)</p> <ul style="list-style-type: none"> <li>The provider shall develop and implement written policies and procedures for a crisis or clinical emergency that shall include:             <ol style="list-style-type: none"> <li>Procedures for crisis or clinical stabilization, and immediate access to appropriate internal and external resources, including a provision for obtaining physician and mental health clinical services if on-call physician back-up or mental health clinical services are not available; and</li> <li>Employee or contractor responsibilities.</li> </ol> </li> </ul> |
|  | Purpose of Treatment | Services are provided to patient whose subacute biomedical and emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment | <p>The provider shall develop a written mission statement that clearly identifies its philosophy, purpose, and goals. (12VAC35-105-570)</p> <p>Planned individualized interventions intended to reduce or ameliorate mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders) through care, treatment, training, habilitation, or other supports that are delivered by a provider to individuals with mental illness, mental retardation (intellectual disability), or substance abuse (substance use disorders).</p>   |

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|  |  |                            |  | To systematically eliminate or reduce effects of alcohol or other drugs in the individual's body.  |
|  |  | Schedule–Clinical Services | Daily  | <p>Intensive 24-hour medical, nursing, and treatment service</p> <p>12VAC35-46-625. ( Children’s Residential Regulations)</p> <ul style="list-style-type: none"> <li>The provider shall have and implement written policies and procedures for the on-site provision of a structured program of care or treatment of residents with mental illness, mental retardation, substance abuse, or brain injury. The provision, intensity, and frequency of mental health, mental retardation, substance abuse, or brain injury interventions shall be based on the assessed needs of the resident. B. Each provider shall have formal arrangements for the evaluation, assessment, and treatment of the mental health or brain injury needs of the resident.</li> </ul>  |
|  |  | Types Clinical Services    | Treatment is characterized by services such as individual, group and family therapy using a range of evidence-based practices; medical and nursing management of any acute symptoms; physical therapy; medication management; and psychoeducation  | <p>24-hour care facility under the supervision of medical personnel using medication to systematically eliminate or reduce effects of alcohol or other drugs in the individual's body.</p> <p>2VAC35-105-1055.</p> <ul style="list-style-type: none"> <li>In the service description the provider shall describe the level of services and the medical management provided.</li> </ul> <p>12VAC35-46-625. (Children’s Residential Regulations)</p> <ul style="list-style-type: none"> <li>Interventions, applicable to the population served, shall include, but are not limited to: <ol style="list-style-type: none"> <li>Individual counseling;</li> <li>Group counseling;</li> <li>Training in decision making, family and interpersonal skills, problem solving, self-care, social, and independent living skills;</li> <li>Training in functional skills;</li> <li>Assistance with activities of daily living (ADL's);</li> <li>Social skills training in therapeutic recreational activities, e.g., anger management, leisure skills education and development, and community integration;</li> <li>Providing positive behavior supports;</li> <li>Physical, occupational, and/or speech therapy;</li> <li>Substance abuse education and counseling; and</li> <li>Neurobehavioral services for individuals with brain injury.</li> </ol> </li> </ul> <p>Not further specified in licensure requirements</p> |
|  |  | Services                   | <ul style="list-style-type: none"> <li>Biopsychosocial assessment</li> <li>Individualized treatment planning</li> <li>Clinically directed treatment</li> <li>Psychiatric stabilization</li> <li>Addiction pharmacotherapy</li> <li>Random drug screening</li> <li>Motivational enhancement and engagement strategies</li> <li>Health education</li> <li>Counseling and clinical monitoring</li> <li>Regular monitoring of patient’s medication adherence</li> <li>Recovery support services</li> <li>Services for the patient’s family and significant others, as</li> </ul> | <p>The provider shall prepare a written description of each service it offers. Elements of each service description shall include:</p> <ul style="list-style-type: none"> <li>Service goals;</li> <li>A description of care, treatment, or other supports provided;</li> <li>Characteristics and needs of individuals to be served;</li> <li>Contract services, if any;</li> <li>Eligibility requirements and admission, continued stay, and exclusion criteria;</li> <li>Service termination and discharge or transition criteria; and</li> <li>Type and role of employees or contractors.</li> </ul> <p>(12VAC35-105-580 C1 – C7)</p> <p>The service description for substance abuse treatment services shall address the timely and appropriate treatment of pregnant women with substance abuse</p>  |

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|  |  |                        | <p>appropriate</p> <ul style="list-style-type: none"> <li>• Opportunities for the patient to be introduced to the potential benefits of addiction pharmacotherapy as a tool to manage his or her addictive disorder</li> </ul>   | <p>(substance use disorders).<br/>(12VAC-35-105-580 H.)</p> <p>12VAC35-46-10 (Children Residential Regulations)<br/>Services include, but shall not be limited to, assessment and evaluation, medical treatment (including medication), individual and group counseling, neurobehavioral services, and family therapy necessary to treat the child.</p>   |
|  |  | <p>Support Systems</p> | <ul style="list-style-type: none"> <li>• A registered nurse conducts an alcohol or other drug-focused nursing assessment at the time of admission.</li> <li>• Additional medical specialty consultation, psychological, laboratory, and toxicology services are available on-site, through consultation or referral.</li> <li>• Coordination of necessary services or other levels of care are available through direct affiliation or referral processes.</li> <li>• Psychiatric services are available on-site, through consultation or referral. Services are to be available within 8 hours by telephone or 24 hours in person.</li> </ul> | <p>12VAC35-105-1055.</p> <ul style="list-style-type: none"> <li>• In the service description, the provider shall describe the level of services and the medical management provided.</li> </ul> <p>12VAC35-105-1060.<br/>The provider shall establish cooperative agreements with other community agencies to accept referrals for treatment, including provisions for physician coverage if not provided on-site, and emergency medical care. The agreements shall clearly outline the responsibility of each party.</p> <p>12VAC35-105-720.</p> <ul style="list-style-type: none"> <li>• Providers of residential or inpatient services shall provide or arrange for the provision of appropriate medical care. Providers of other services shall define instances when they shall provide or arrange for appropriate medical and dental care and instances when they shall refer the individual to appropriate medical care.</li> </ul> <p>12VAC35-105-590.</p> <ul style="list-style-type: none"> <li>• The provider shall employ or contract with persons with appropriate training, as necessary, to meet the specialized needs of and to ensure the safety of individuals being served in residential services with medical or nursing needs; speech, language, or hearing problems; or other needs where specialized training is necessary.</li> </ul> <p>12VAC35-105-693.</p> <ul style="list-style-type: none"> <li>• The provider shall make appropriate arrangements or referrals to all service providers identified in the discharge plan prior to the individual's scheduled discharge date.</li> </ul> <p>12VAC35-105-645</p> <ul style="list-style-type: none"> <li>• The provider shall develop an initial person-centered ISP for the first 60 days for mental retardation (intellectual disability) and developmental disabilities services or for the first 30 days for mental health and substance abuse services. This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and shall continue in effect until the ISP is developed or the individual is discharged, whichever comes first.</li> <li>• A comprehensive assessment shall update and finalize the initial assessment. The timing for completion of the comprehensive assessment shall be based upon the nature and scope of the service but shall occur no later than 30 days, after admission for providers of mental health and substance abuse services and 60 days after admission for providers of mental retardation (intellectual disability) and developmental disabilities services. It shall address:             <ol style="list-style-type: none"> <li>1. Onset and duration of problems;</li> <li>2. Social, behavioral, developmental, and family history and supports;</li> <li>3. Cognitive functioning including strengths and weaknesses;</li> </ol> </li> </ul> |

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|  |   |                           |  | <p>4. Employment, vocational, and educational background; 5. Previous interventions and outcomes;</p> <p>6. Financial resources and benefits;</p> <p>7. Health history and current medical care needs</p> <p>8. Psychiatric and substance use issues including current mental health or substance use needs, presence of co-occurring disorders, history of substance use or abuse, and circumstances that increase the individual's risk for mental health or substance use issues;</p> <p>9. History of abuse, neglect, sexual, or domestic violence, or trauma including psychological trauma;</p> <p>10. Legal status including authorized representative, commitment, and representative payee status;</p> <p>11. Relevant criminal charges or convictions and probation or parole status;</p> <p>12. Daily living skills;</p> <p>13. Housing arrangements;</p> <p>14. Ability to access services including transportation needs;</p> <p>Definition:<br/> <b>"Individualized services plan" or "ISP"</b> means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care, which are all considered individualized service plans.</p> |
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| ASAM LOC   | DBHDS LICENSE                             | CARE COMPONENT            | ASAM REQUIREMENTS  | DBHDS REQUIREMENTS  |
| 4.0 Medically Managed Intensive Inpatient Services | Acute care general hospital - 12-VAC5-410 | Setting                   | <ul style="list-style-type: none"> <li>Acute care medical facility</li> <li>Medically-directed care</li> <li>24-hour treatment</li> <li>Offers addition treatment services along with intensive biomedical and/or psychiatric services</li> <li><b>Must offer medically direct acute withdrawal management, emergency life support care and treatment</b> – either directly or through transfer of patient to another service within the facility, or to another medical facility equipped to provide such care.</li> </ul>  | Hospitals to be licensed shall be classified as general hospitals, special hospitals or outpatient hospitals defined by 12VAC5-410-10.  |
|  |   | Service Delivery Examples | <ul style="list-style-type: none"> <li>Acute care general hospital</li> <li>Acute psychiatric hospital</li> <li>Psychiatric unit within an acute care general hospital</li> </ul>  | <b>Acute care general hospital</b> - Not specified in DBHDS licensure requirements  |
|  |   | Admission Criteria        | <p>Patient meets specifications in at least <b>one</b> Dimensions 1, 2, or 3:</p> <ol style="list-style-type: none"> <li>Patient needs withdrawal management</li> <li>Biomedical complications of the addictive disorder require medical management and skilled nursing care; <b>OR</b> a concurrent biomedical illness or pregnancy requires stabilization and daily medical management with daily primary nursing interventions; <b>OR</b> patient has a concurrent biomedical condition(s) in which continued alcohol or other drug use presents an imminent danger to the life or severe danger to health; <b>OR</b> patient is experiencing recurrent or multiple seizures; <b>OR</b> patient is experiencing a disulfiram-alcohol reaction; <b>OR</b> patient has life-threatening symptoms that are related to use of alcohol, tobacco, and/or other drugs; <b>OR</b> changes in the patient's medical status, such as</li> </ol> | <b>Acute care general hospital</b> - Not specified in DBHDS licensure requirements  |

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|  |  |                            | <p>significant worsening of a medical condition, make abstinence imperative; <b>OR</b> significant improvement in a previously unstable medical condition allows the patient to respond to addiction treatment; <b>OR</b> patient has (an)other biomedical problem(s) that requires 24-hour observation and evaluation.</p> <p>3. Patient whose status is characterized by stabilized emotional, behavioral, or cognitive condition is appropriately assessed as in need of Level 4 co-occurring capable program services; <b>OR</b> if the patient’s emotional, behavioral, or cognitive conditions symptoms are so severe as to require admission to a Level 4 program, then only a co-occurring enhanced program is sufficient to meet the patient’s needs.</p> <p>4. Only a patient who meets criteria in Dimensions 1, 2, or 3 is appropriately placed in a Level 4 program.</p> <p>5. Only a patient who meets criteria in Dimensions 1, 2, or 3 is appropriately placed in a Level 4 program.</p> <p>6. Only a patient who meets criteria in Dimensions 1, 2, or 3 is appropriately placed in a Level 4 program.</p> |  |
|  |  | Admission Process          | <ul style="list-style-type: none"> <li>Meet diagnostic criteria for a SUD</li> <li>Patients have functional limitations in one of the following areas: acute intoxication and/or withdrawal potential, biomedical conditions and complications; or emotional, behavioral, or cognitive conditions and complications</li> </ul>  | <b>Acute care general hospital</b> - Not specified in DBHDS licensure requirements   |
|  |  | Staffing                   | <ul style="list-style-type: none"> <li>24-hour</li> </ul>   | <b>Acute care general hospital</b> - Not specified in DBHDS licensure requirements   |
|  |  | Staff Credentials          | <ul style="list-style-type: none"> <li>An interdisciplinary staff of appropriately credential clinical staff (including addiction-credentialed physicians, nurse practitioners, physician assistants, nurses, counselors, psychologists, and social workers), who assess and treat patients with severe substance use disorders, or addicted patients with concomitant acute biomedical, emotional, or behavioral disorders.</li> </ul> <p>Facility approved addition counselors or licensed, certified, or registered addiction clinicians who administer planned interventions according to the assessed needs of the patient.</p>  | <p><b>Acute general hospital</b></p> <p>An organized medical staff; with permanent facilities that include inpatient beds; and with medical services, including physician services, dentist services and continuous nursing services, to provide diagnosis and treatment for patients who have a variety of medical and dental conditions that may require various types of care, such as medical, surgical, and maternity.</p> <p>(12VAC5-410-10)</p> |
|  |  | Physician Coverage         | <ul style="list-style-type: none"> <li>In-person 24 hours a day, and professional consultation 16 hours a day</li> </ul>  | <b>Acute care general hospital</b> - Not specified in DBHDS licensure requirements   |
|  |  | Purpose of Treatment       | <ul style="list-style-type: none"> <li>Services are provided to patients whose acute biomedical, emotional, behavioral, and cognitive problems are so severe that they require primary medical and nursing care.</li> </ul>   | <b>Acute care general hospital</b> - Not specified in DBHDS licensure requirements   |
|  |  | Schedule–Clinical Services | <ul style="list-style-type: none"> <li>Individualized</li> <li>24-hours</li> </ul>  | <b>Acute care general hospital</b> - Not specified in DBHDS licensure requirements   |
|  |  | Types Clinical Services    | <ul style="list-style-type: none"> <li>Individualized array of treatment services for SUDs, as well as any concurrent biomedical, emotional, behavioral, or cognitive problems delivered by an interdisciplinary team</li> </ul>  | <b>Acute care general hospital</b> - Not specified in DBHDS licensure requirements   |
|  |  | Services                   | <ul style="list-style-type: none"> <li>Biopsychosocial assessment</li> <li>Individualized treatment planning</li> <li>Biomedical treatment</li> <li>Psychiatric stabilization and treatment</li> <li>Addiction pharmacotherapy</li> </ul>   | <b>Acute care general hospital</b> - Not specified in licensure requirements   |



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|  |  |                 | <ul style="list-style-type: none"> <li>• Motivational enhancement and engagement strategies</li> <li>• Health education</li> <li>• Individualized treatment activities to monitor mental health, and to address the interaction of the mental health problems and SUD</li> <li>• Regular monitoring of patient’s medication adherence</li> <li>• Services for the patient’s family and significant others, as appropriate</li> <li>• Opportunities for the patient to be introduced to the potential benefits of addiction pharmacotherapy as a tool to manage his or her addictive disorder</li> </ul> |  |
|  |  | Support Systems | <ul style="list-style-type: none"> <li>• A full range of acute care services, specialty consultation, and intensive care.</li> </ul>  | <b>Acute care general hospital</b> - Not specified in DBHDS licensure requirements |